

**The Influence of Distal and Proximate Culture on the
Experience of Life Crises:
Australian and African Perspectives**



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Philosophy

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Declaration of Originality & Statement of Authority of Access

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A handwritten signature in black ink, appearing to be 'Alicia Copping', written in a cursive style.

Alicia Copping
May 2010

*“It will pass, it’s just like the rain, it rains the whole of today but tomorrow
sunshine will come, and we will be out there laughing and enjoying that
warmth, and when it rains we find something to cover up that, that’s what
keeps us going, that today is rainy day so I need to find my rain coat, I need to
find my umbrella to go through that rain and when is sunshine I will take off
my clothes and enjoy the sunshine.”*

- Ophelia, Sierra Leonean Woman

Publications and Statement of Co-Authorship

Paper 1

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[See Appendix A for copies of Paper 1 and Paper 2]

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Abstract

This thesis comprises a programmatic suite of qualitative research designed to investigate the experience of life crises for three local communities with differing distal and proximate cultural values (Caucasian, Sudanese and West African Australians). The thesis takes an holistic approach to understanding the experience of trauma, with a focus on *posttraumatic growth*. Sudanese and West Africans represent two recently emerging Australian communities, some members of which have significant mental health needs due to protracted human rights abuse and life as a refugee. In order for mainstream Australian mental health services to meet the needs of these communities in a culturally competent fashion, their experience of trauma, coping, and adaptation to trauma must be understood.

The thesis comprises three studies describing the development of Grounded Theory models of the trauma adaptation journey for each community group. A fourth model was developed describing the resettlement challenges facing former refugees in Australia, and their potential impact on pre-existing traumatic distress. Fifty-seven people participated in this investigation (27 Caucasian-Australian, 15 Sudanese-Australian, & 15 West African-Australian).

Results from Study One showed that Caucasian-Australian participants endorsed existing dimensions of Posttraumatic Growth outcomes, and adapted to trauma in a similar pattern to that suggested in Posttraumatic Growth literature. Additional qualitative components of the Caucasian-Australian model included the expression of adverse post-trauma outcomes such as *Self-Deprecation* and *Loss of Control*, and positive post-trauma outcomes such as

Compassion and Effortful Reinvention of Self. It is suggested that this sample's individualistic nature resulted in the emphasis of personal control factors in both positive and adverse outcomes and coping mechanisms.

Conversely, Studies Two and Three showed that the Sudanese and West African-Australian participants were still in the process of adapting to their previous trauma, and that this process was hindered by ongoing crises in their resettlement journeys. Participants endorsed Posttraumatic Growth outcomes; however, these themes were elucidated as part of the process participants were undergoing on their journeys to positive post trauma adaptation, or as cultural variables that promote resilience to hardship that may have developed through cultural or societal growth, rather than as personal post-trauma outcomes. It is suggested that African-Australian participants may be culturally prepared for hardship. Factors contributing to positive adaptation that were elucidated from these samples included *Religion, Strength, Compassion, New Possibilities, Better Times Ahead, and Support*. Several culturally specific idioms of distress were also highlighted, as well as distress related symptoms. Themes of ongoing crises included *Cultural Differences, Racism and Discrimination, Worry for Loved Ones Left Behind, and Barriers to Positive Adaptation* (e.g., language difficulties, concern for employment and education).

The results of this research have significant implications for the development and delivery of mental health services in Australia, and internationally. In summary, it was noted that mainstream mental health services in individualistic nations could i) include collectivistic notions of social support and advice seeking, and religiosity and spirituality into

psychotherapeutic interventions for migrants from collectivistic cultures; and
ii) due to former refugees' experiences of ongoing crises, provide support within a holistic, systems approach, providing community development, assistance with practical needs, and advocacy. This thesis evaluates existing therapeutic techniques and makes recommendations for the provision of culturally appropriate mainstream mental health services that may effectively ameliorate trauma related distress in former refugee populations.

Opening Credits

I ask her if she is Mary. She nods, silently, peering up at me with distrust written plainly across her face. I've seen this look many times before during my candidature, I understand what it means. "I'm Alicia" I say, smiling, open, and ask her to follow me to the interview room. She takes a seat, leaning slightly away from me, eyes downcast, and wrings her hands. I edge the information sheet in front of her and ask her if she would like to read it independently, or if she would like me to go through it with her. She says nothing, puts on her glasses and reads. She looks more comfortable as she goes down the page, reading 'fake name', 'confidential', 'your story'. I ask her if she has any questions as she finishes reading the document, knowing full well what she is going to ask, because I have been asked this question by every person I have spoken to on this side of my study: "Why should I tell you my story?"

Cultural Constructionism is the paradigmatic basis for this thesis, and one of the core beliefs of this paradigm is that the interviewer is the instrument of their research. The interviewer cannot passively and objectively study their sample culture, they need to climb in and roll around a little. They are part of the participant's world, they shape the things the participants share, they shape the analysis, and they shape the final written product. When I first heard the words "why should they tell you their stories?" I knew I needed to understand, and I've spent the last four years of my life trying to understand.

There are many whom I would like to thank for helping me to understand. I would like to thank Andrew Harris, Matt Hingston, Rob

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to make me laugh, and to tell me just to keep going, I would have gone crazy. Now you can finally say your girl is a doctor. And if you like it...

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When Mary asked me "why should I tell you my story?" I didn't just tell her what I thought she wanted to hear. I felt every word, I understood it. And Mary told me her story with grace, fire and dignity, and afterwards she held my hand and prayed with me. Through this research my life has been altered by stories beyond that which I would experience in my mundane traipsing through Australia as we once knew her. What is written for you to read in the pages that follow is as true as I could tell it, and it was entrusted upon me to tell it. What follows is not merely my dissertation; she is my song and dance, my heart and soul, art and science. And she beats with the passion of the drums of Africa.

Table of Contents

Title Page	i
Declaration of Originality & Statement of Authority of Access	ii
Publications & Statement of Co-authorship	iv
Papers & Posters Presented and Conferences	v
Abstract	vii
Opening Credits	x
Table of Contents	xiii
List of Tables & Figures	xviii
Glossary of Terms & Abbreviations	xx
Chapter One A Long Journey	1
1.1 Once Upon a Time	6
1.1.1 The History of the Australian Humanitarian Migration Program	6
1.1.2 Sudan	13
1.1.3 Sudanese Resettlement in Australia	18
1.1.4 Liberia	19
1.1.5 Liberian Resettlement in Australia	23
1.1.6 Sierra Leone	24
1.1.7 Sierra Leonean Resettlement in Australia	28
1.2 Summary	28
Chapter Two Trauma, Posttraumatic Growth, and Cultural Psychology	30
2.1 Life Crises	31
2.1.1 The Pathogenic Paradigm and the Rise of Posttraumatic Stress Disorder	31
2.1.2 The Salutogenic Paradigm and the Rise of Posttraumatic Growth	34
2.2 The Applicability of Western Constructs in Non-Western Populations	42
2.2.1 Posttraumatic Stress Disorder – A Product of Western Culture?	42
2.2.2 Applying Western Constructs to Refugee Populations	44

2.3	Epistemological Underpinnings	49
2.3.1	Positivism in Psychological Research	49
2.3.2	Cultural Constructionism	50
2.4	Summary	52
Chapter Three Refugee Trauma and the Influence of Culture		55
3.1	Refugee Trauma: A Western Perspective	56
3.1.1	Life for a Refugee	56
3.1.2	Background Research on Trauma in Refugee and Former Refugee Populations	63
3.2	Culture	66
3.2.1	Bronfenbrenner's Human Ecological Model of Human Development	66
3.2.2	Proximate Culture	67
3.2.3	Distal Culture	69
3.3	Culturally Appropriate Mental Health Care	73
3.3.1	Toward Cultural Competence	73
3.3.2	Summary and Research Aims	75
Chapter Four Methodology		78
4.1	Ontological Positions	79
4.1.1	Phenomenology	79
4.1.2	Symbolic Interactionism	81
4.1.3	Application to the Current Research	83
4.2	Research Methodology	84
4.2.1	Grounded Theory	84
4.2.2	Application to the Current Research	87
4.2.3	Summary	87
4.3	Potholes, Speedbumps, and Blockades	88
4.3.1	Interviewer as Instrument	88
4.3.2	Initial Ethical Considerations	92
4.3.3	Ethical Considerations in Refugee Research	93
4.4	Conclusion	101
Chapter Five Study One: A Caucasian-Australian Story		102
5.1	Method	102

	5.1.1	Participants	102
	5.1.2	Procedure	103
	5.2	Results and Discussion	105
	5.2.2	Positive Social Support	108
	5.2.3	Negative Social Support	109
	5.2.4	Self Deprecation	113
	5.2.5	Mechanisms of Adaptation	116
	5.2.6	Growth	122
	5.2.7	Continued Distress	130
	5.3	Summary	130
Chapter Six		Study Two: A Sudanese-Australian Story	133
	6.1	Method	134
	6.1.1	Participants	134
	6.1.2	Procedure	135
	6.2	Results and Discussion	135
	6.2.1	Distress	135
	6.2.2	Acceptance	139
	6.2.3	Support	141
	6.2.4	Coping and Growth	148
	6.2.5	Religion	149
	6.2.6	Strength	152
	6.2.7	New Possibilities	155
	6.2.8	Compassion	158
	6.2.9	Avoiding	160
	6.2.10	Rumination	164
	6.3	Summary	166
Chapter Seven		Study Three: A West African-Australian Story	169
	7.1	Method	170
	7.1.1	Participants	170
	7.1.2	Procedure	171
	7.2	Results and Discussion	171
	7.2.1	Distress	173
	7.2.2	Acceptance	178
	7.2.3	Survival	180

7.2.4	Support	181
7.2.5	To Talk or not to Talk: Counselling and the difficulty in talking about it	189
7.2.6	Coping and Growth	191
7.2.7	Religion	193
7.2.8	Better Times Ahead	195
7.2.9	Compassion	198
7.2.10	Avoiding	199
7.2.11	Rumination	204
7.3	Summary	205
Chapter Eight	Resettlement, Acculturation, and Ongoing Crises in an African-Australian Sample	209
8.1	Overview of the Literature	210
8.1.1	Post-Migration Distress	210
8.1.2	A Systems Approach	212
8.2	Results and Discussion	213
8.2.1	Cultural Differences leading to Distress	215
8.2.2	Ongoing Life Crises during Resettlement	224
8.2.3	Barriers to Positive Adaptation	231
8.3	Summary and Conclusion	240
Chapter Nine	General Discussion	242
9.1	The Caucasian-Australian Experience of Life Crises	243
9.1.1	Key Results	244
9.1.2	Implications for Posttraumatic Growth in an Australian Population	245
9.2	The African-Australian Experience of Life Crises – Similarities and Differences with the Caucasian-Australian Model	249
9.2.1	A Sudanese-Australian Story	250
9.2.2	A West African-Australian Story	253
9.3	Implications for Theory and Directions for Future Theoretical Research	255
9.3.1	The Salutogenic Paradigm and	

	Posttraumatic Growth in African-	
	Australian Populations	255
9.3.2	What is PTG for African-Australians?	263
9.3.3	The Impact of Distal and Proximate	
	Culture on the Experience of Life Crises	267
9.4	Implications for Practice and Directions for	
	Future Applied Research	276
9.4.1	Support and Advice Seeking	276
9.4.2	Religion	278
9.4.3	An Holistic Perspective	279
9.5	The Legacy	289
9.5.1	Strengths and Limitations	289
9.5.2	Conclusion	291
References		293
Appendix A	Published Manuscripts from Thesis Data	327

List of Figures and Tables

Figure 1	The history of humanitarian resettlement in Australia	9
Figure 2	Map	14
Figure 3	A model of PTG	37
Figure 4	Values for East Africa, West Africa, and Australia on Hofstede's (2003) cultural variables	70
Figure 5	Cultural awareness timeline	90
Figure 6	A model of the experience of life crises from the perspective of the Caucasian-Australian sample	104
Figure 7	A model of the experience of life crises from the perspective of the Caucasian-Australian sample (reprise)	132
Figure 8	A model of the experience of life crises from the perspective of the Sudanese-Australian sample	136
Figure 9	A model of the experience of life crises from the perspective of the Sudanese-Australian sample (reprise)	168
Figure 10	A model of the experience of life crises from the perspective of the West African-Australian sample	172
Figure 11	A model of the experience of life crises from the perspective of the West African-Australian sample (reprise)	208
Figure 12	A model of the impact of ongoing resettlement challenges on trauma adaptation	214
Table 1	Quotations that Exemplify Physical and Emotional Distress	107
Table 2	Quotations that Exemplify Negative Social Support	111
Table 3	Quotations that Exemplify Self Deprecating Emotions	115
Table 4	Quotations that Exemplify Acceptance	119
Table 5	Quotations that Exemplify Action	121
Table 6	Quotations that Exemplify Compassion	123
Table 7	Quotations that Exemplify Personal Strength	125
Table 8	Quotations that Exemplify Effortful Reinvention of Self	127
Table 9	Quotations that Exemplify Focus on Life's Positives	129
Table 10	Quotations that Exemplify Enduring Distress	138

Table 11	Quotations that Exemplify Acceptance	141
Table 12	Quotations that Exemplify Support	143
Table 13	Quotations that Exemplify Religion	150
Table 14	Quotations that Exemplify Strength	154
Table 15	Quotations that Exemplify New Possibilities	156
Table 16	Quotations that Exemplify Compassion	159
Table 17	Quotations that Exemplify Avoiding	162
Table 18	Quotations that Exemplify Rumination	165
Table 19	Quotations that Exemplify Distress	174
Table 20	Quotations that Exemplify Acceptance	179
Table 21	Quotations that Exemplify Survival	180
Table 22	Quotations that Exemplify Collectivism	182
Table 23	Quotations that Exemplify Support	183
Table 24	Quotations that Exemplify Not Burdening Others	188
Table 25	Quotations that Exemplify Religion	192
Table 26	Quotations that Exemplify Better Times Ahead	197
Table 27	Quotations that Exemplify Compassion	199
Table 28	Quotations that Exemplify Avoiding	201
Table 29	Quotations that Exemplify Rumination	205
Table 30	Quotations that Exemplify Loss of Community	217
Table 31	Quotations that Exemplify Altered Family Relationships	221
Table 32	Quotations that Exemplify Concern for the Children	222
Table 33	Quotations that Exemplify Racism and Discrimination	226
Table 34	Quotations Expressing Worry for Loved Ones	229
Table 35	Quotations that Exemplify Attitudes toward Integration	236
Table 36	Quotations that Exemplify Concern for Employment and Education	237
Table 37	Key Differences Between Three Models of Trauma Adaptation	250

Glossary of Terms and Abbreviations

<i>AFL</i>	Armed Forces of Liberia
<i>AFRC</i>	Armed Forces Revolutionary Council
<i>CALD</i>	Culturally and Linguistically Diverse
<i>Caucasian-Australian</i>	Australians of European origin
<i>Collectivism</i>	Societies in which people from birth onwards are integrated into strong, cohesive in-groups, often extended families (with uncles, aunts and grandparents) which continue protecting them in exchange for unquestioning loyalty.
<i>Cultural Competence</i>	The ability to interact effectively with people across different cultures
<i>Cultural Constructionism</i>	Paradigm that asserts individuals construct meaning as a result of their interaction with the historical, social, and cultural environment, and the shared meanings of those within that environment.
<i>DlaC</i>	Department of Immigration and Citizenship
<i>DIMA</i>	Department of Immigration and Multicultural Affairs
<i>DIMIA</i>	Department of Immigration, Multiculturalism, and Indigenous Affairs
<i>Distal Culture</i>	The outer realm of culture that impacts upon a society (e.g., Individualism/Collectivism, Religion)
<i>ECOMOG</i>	Economic Community of West African States Monitoring Group
<i>Grounded Theory (GT)</i>	Qualitative methodology to develop models that are grounded in data
<i>IHSS</i>	Integrated Humanitarian Settlement Strategy

<i>Individualism</i>	Opposite to Collectivism, societies in which the individual is the focus and self reliance, autonomy, and self control are valued.
<i>Life Crisis</i>	Re-conceptualisation of trauma acknowledging the subjective experience of potentially traumatic events
<i>LURD</i>	Liberians United for Reconciliation and Democracy
<i>MODEL</i>	Movement for Democracy in Liberia
<i>NPFL</i>	National People's Front of Liberia
<i>Proximate Culture</i>	An individual's primary reference groups that impact upon one's behaviour
<i>Refugee Trauma</i>	Acknowledgement of the differences between trauma as a discrete experience and that survived by former refugees. Three distinct phases: Pre-migration, en route, and post-migration.
<i>Resilience</i>	The ability to return to one's previous level of functioning after adversity.
<i>RUF</i>	Revolutionary United Front
<i>Salutogenesis</i>	Literally "the origins of health". Investigation of healthy behaviour and adaptation, as well as disorder
<i>SPLA</i>	Sudanese People's Liberation Army
<i>SPLM</i>	Sudanese People's Liberation Movement
<i>Trauma adaptation</i>	The process of change occurring after a traumatic experience, which may result in disorder, resilience, and/or growth.
<i>ULIMO</i>	United Liberation Movement of Liberia for Democracy
<i>UNDP</i>	United Nations Development Programme
<i>UNHCR</i>	United Nations High Commissioner for Refugees

Chapter One

A Long Journey

*"Until the lion has his own storyteller, the hunter
will always have the best part of the story"*

-Ewe-Mina Proverb

Each year Australia accepts up to 13,000 new migrants under its Humanitarian program (DIac, 2008). Humanitarian migrants arrive in Australia from protracted refugee situations, during which they have experienced some of the worst atrocities human beings can commit, and some of the worst conditions a person can survive. Challenging life experiences are, of course, not restricted to refugees. In 2005, 17% of Australian women and 5% of Australian men had experienced sexual assault since the age of 15 (ABS, 2006). Of the 17,988 cases of theft by unlawful entry in 2007, 7,670 were armed (ABS, 2007), and there are approximately 1,000 drug related deaths in Australia per year (AIHW, 2008). The stories of survivors of trauma, whether they are from refugee situations or mainstream Australia, are testimony to the amazing resilience of people around the world.

The study of 'refugee trauma' is becoming increasingly popular, particularly as humanitarian aid agencies shift focus from physical needs in the aftermath of war, to psycho-social rehabilitation. As the number of people who have been resettled in Australia after potentially traumatic experiences increases, so too does the responsibility of Australia's mental health professionals to provide culturally appropriate mental health care. However, research into refugee trauma largely focuses on their vulnerability to adverse

symptoms of post traumatic stress, particularly on the prevalence of Posttraumatic Stress Disorder in these communities, and ignores the potential for resilience and growth in the aftermath of this form of crisis. Additionally, Western researchers and professionals often assume the universality of the assessment, measurement, and treatment of these symptoms of distress, ignoring local coping methods and intervention techniques that have developed within cultures vastly different to that of mainstream Australia. It has been argued, therefore, that a more holistic understanding of the experience of trauma from the perspectives of humanitarian entrants to Australia is necessary, in order to provide culturally appropriate mental health support to all Australians.

This thesis tells the stories of three cultural groups and their experiences of life crises: Those of Caucasian-Australians, of Sudanese-Australians, and of West African-Australians (of Sierra Leonean and Liberian origin). These three studies have been designed to investigate the trauma adaptation journey for each of these samples, and the potential impact of culture upon these journeys. The first three chapters outline a scope for this thesis. Chapter One outlines the backgrounds of the participants in this study, with reference to the history of conflict in Sudan, Sierra Leone and Liberia and the resettlement of refugees from these nations in Australia through the Humanitarian Migration stream.

Chapter Two comprises the theoretical background to the research. Definitions of terms and constructs used throughout the discussion can be found in the glossary of terms above, and are presented as appropriate in the discussion. Chapter Two explains the current Western psychological

understandings of trauma and its effects on the person. It then discusses modern salutogenic interpretations of the trauma adaptation journey. It focuses specifically on the construct of Posttraumatic Growth (PTG), and the cross-cultural differences that have been discovered in the construction of PTG. The chapter concludes with a critical analysis of the use of Western psychological constructs in non-Western populations, and the usefulness of a Cultural Constructionist approach to understanding trauma across cultures.

Chapter Three expands upon the arguments of Chapter Two. It outlines the common experiences of involuntary migrants from these nations that may lead to a traumatic response in the pre-migration, en route, and post-migration periods of the refugee journey. It then provides an overview of the extant literature on trauma in refugee populations that has been undertaken using the dominant Western research paradigm, with a focus on pathology and using defined measures of constructs such as Posttraumatic Stress Disorder. A discussion of proximate and distal culture (Calhoun & Tedeschi, 2008) follows, including how factors within these cultural systems may influence the trauma journey, and the differences in these cultural systems among the three cohorts in the current research. Chapter Three concludes with a critical analysis of the current mental health system in Australia, and the importance of implementing culturally competent practices in mainstream Australian services, not just in migrant service provider contexts.

Chapter Four comprises the methodological basis of the research. It begins with an explanation of the ontological bases of the research methodology, discussing their links with Cultural Constructionism and the research aims. It then outlines Grounded Theory (GT) and justifies the use of

GT as the most appropriate of all qualitative methodologies for the current research aims. Chapter Four concludes with a discussion of the ethical responsibilities of researchers in investigating trauma within former refugee populations, and how the current researcher managed these ethical responsibilities in this particular context.

Chapters Five, Six and Seven comprise the method, results, and discussions of Studies One, Two, and Three respectively. Each chapter presents the GT model of the trauma journey for each sample, along with exemplary quotations that highlight the dimensions elicited. The chapter discusses the researcher's understanding of each dimension and how it relates to previous research on trauma in each population. These chapters do not speculate on the cultural influences that may play a role in the construction of the trauma journey displayed in each model, but refers the reader to Chapter Nine in which cultural influences on each model are discussed.

Chapter Eight comprises discussion of the ongoing challenges to their resettlement that contribute to the ongoing crises experienced by African-Australians in their trauma adaptation journeys. Despite not being directly related to trauma in Western psychological discourse, it was apparent that the ongoing crises of acculturation and resettlement contributed to the enduring stress and distress experienced by participants within the Sudanese and West African Australian samples, and indeed impacted negatively on their post-trauma adaptation. This chapter has therefore been included to highlight the ongoing nature of the crises that impact upon the trauma journey for African-Australian peoples. The chapter begins by reinforcing the arguments made in Chapter Two, in that the construction of trauma developed in Western

psychology may not be appropriate for use with non-Western populations. It then highlights the themes that were articulated by the African-Australian cohort in the current investigation, and how these factors impacted upon the enduring distress experienced by these participants, with reference to the psychological, sociological, and service provider literature. The chapter argues that a holistic, systems based approach is essential in providing culturally appropriate care to former refugees.

Chapter Nine comprises the general discussion of the influences of proximate and distal culture on the trauma journeys of each of the three cohorts investigated in the current research. It begins with an exploration of the common themes of trauma across these unique cultural groups, and of the differences that play a particular role in the construction of trauma and PTG in each population. Throughout this discussion, factors within the proximate and distal cultural systems of these populations (as discussed in Chapter Three) are presented as hypotheses for the similarity or difference between the three groups. The implications for this research on the provision of culturally appropriate mental health care in Australia are then summarised, with particular reference to the potential for increasing the capacity for growth in Australia's African communities.

1.1 Once upon a time

*“Wapiganapo tembo nyasi huumia.” - When elephants
fight the reeds get hurt.*

-Swahili Proverb

In order to understand the current research it is important that the reader have an understanding of the backgrounds of the participants. This section will discuss the history of Australia’s Humanitarian Migration program and its involvement with Sudanese, Liberian and Sierra Leonean resettlement. It will also address the background of the conflicts in Sudan, Liberia and Sierra Leone that led to the flight of the participants from their homes.

1.1.1 The History of the Australian Humanitarian Migration Program

One in every 100 people worldwide are forced to flee their home country because of severe human rights abuse, fear of persecution and in many cases, fear of death (UNHCR, 2008b). Whether these people are recognised as refugees is determined by the Office of the United Nations High Commissioner for Refugees (UNHCR) according to the United Nations 1951 Convention on the Status of Refugees, which states that a refugee is one who:

*“owing to a well-founded fear of being persecuted for
reasons of race, religion, nationality, membership of a
particular social group or political opinion, is outside the
country of his nationality and is unable, or owing to such*

fear, is unwilling to avail himself of the protection of that country” (UNHCR, 2007)

At the end of 2007, 11.4 million of the world’s people were recognised as refugees (UNHCR, 2008a).

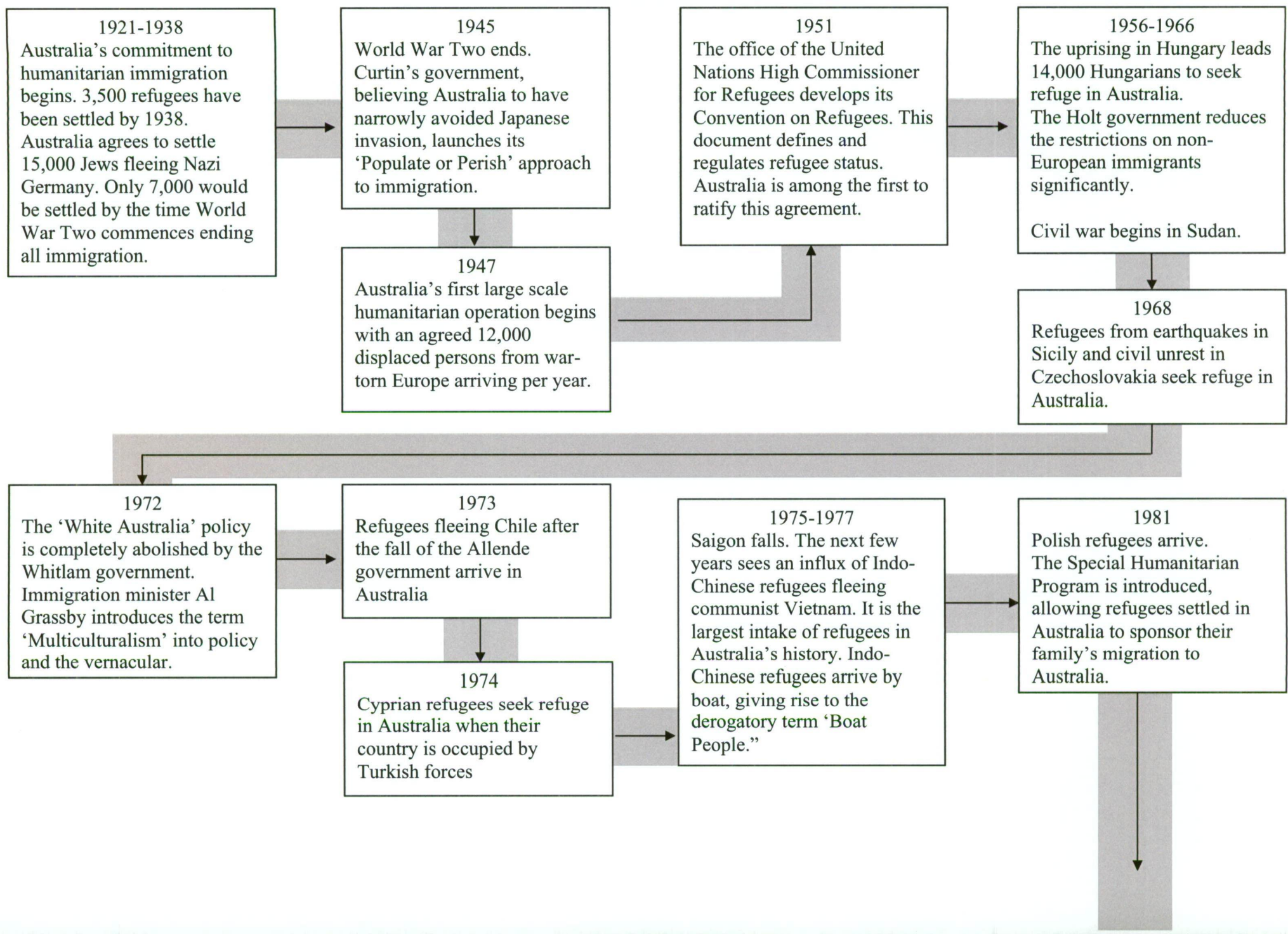
The UNHCR proposes three durable solutions for the settlement of refugees: voluntary repatriation, local integration in the country of asylum, and resettlement in a third country. Whilst the latter option is the least common, with less than 1% of refugees being resettled, it is the most effective for long term well-being (Murray, Davidson, & Schweitzer, 2008). Australia is among the 15 nations that currently offer resettlement programs to the world’s refugees and its continued commitment to resettling off-shore refugees through the humanitarian program currently makes it the third largest contributor to the UNHCR’s resettlement program (UNHCR, 2008a). By the end of 2007 Australia had resettled over 675,000 people through its humanitarian program (DIA, 2008a), and commits annually to providing approximately 13,000 new places.

Australian Humanitarian migration began in the early 1920s with approximately 3,500 European refugees being resettled between 1921 and 1938 (Pittaway, 2002). In the year prior to the commencement of World War II, the Australian Government agreed to resettle a large number of Jewish refugees who were fleeing Nazi Germany, however only 7,000 were resettled before war broke out (DIMA, 2001; Pittaway, 2002). The first major influx of refugees came in the years following WWII, with 170,000 displaced Europeans welcomed to Australia, under the catchcry ‘populate or perish’ (DIMA, 2001; Jupp, 2004). Immigration minister at that time, Arthur Calwell,

established the Federal Department of Immigration, streamlining the immigration system for the first time (DIMA, 2001).

Australia was amongst the first to ratify the UN's 1951 convention on the status of refugees and resettled 199,000 European refugees between 1953 and 1973 (Pittaway, 2002). Australia's first non-European resettlement began in earnest upon the abolition of the 'White Australia' policy. With the fall of Saigon in 1975, Australia accepted its largest intake of refugees to date from Vietnam, Cambodia and Laos (DIMA, 2001; Pittaway, 2002). In 1977 the Fraser Government announced a new refugee policy that attempted to streamline the assessment of refugee applications and provide more effective resettlement services, including the use of voluntary agencies (DIMA, 2001; Pittaway, 2002). This policy continued to be developed throughout the 1980s to the system Australia has today (DIMA, 2001).

Throughout its humanitarian history, Australia has given priority to crisis situations, such as the Chilean civil war of the 1970s, and the Kosovar and first Gulf wars of the 1990's (DIMA, 2001) Figure 1 below highlights policy changes and significant refugee intakes over the years. Australia resettled its first African families from Ethiopia in the early 1980s in response to the civil war, and war with Somalia (Tefera, 2007). Today Africans represent 25% of the world's refugees (Schlein, 2007). Australia has made a significant contribution to the resettlement of displaced people in Africa, and the majority of resettled refugees in Australia for the current decade have come from African nations. This is evidenced by the allocation of an average of 50% of Australia's Humanitarian positions to people from Africa, peaking at 70% in the 2003-04 and 2004-05 periods (DIaC, 2008a). This number was,



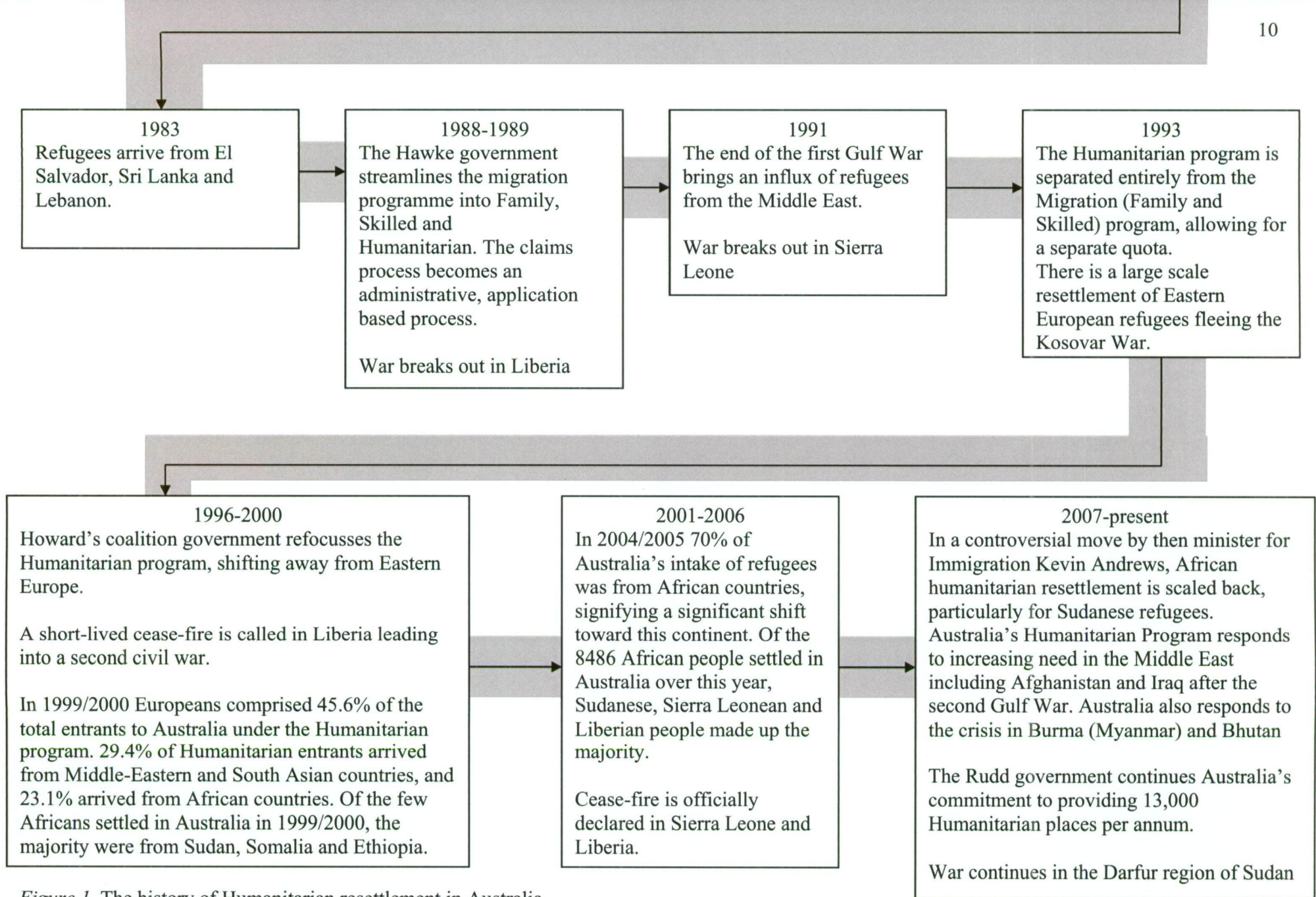


Figure 1. The history of Humanitarian resettlement in Australia

however, dramatically decreased in 2007 in a controversial decision by then Minister for Immigration, Kevin Andrews. This trend continues today with priority being given to Burmese and Iraqi refugees in response to ongoing crises in these regions (DIaC, 2009). During the current decade, the Australian Government accepted the majority of its African cohort from Sudan, with Liberia, Sierra Leone, Ethiopia and Kenya all within the top ten source countries by birth for the total Humanitarian program (DIaC, 2008d).

Australia's resettlement of Humanitarian Entrants. Australia's Humanitarian entrants arrive either through offshore or onshore settlement programs. Onshore resettlement is provided to Asylum Seekers who have their applications processed within Australia (Flanagan, 2007). People who have been classified as refugees by the UNHCR arrive in Australia through the offshore resettlement program, which is further divided into two streams: Refugee and Special Humanitarian Program (SHP) (DIaC, 2008a). Approximately 6,000 people per year are resettled in the refugee category, whilst the remaining 7,000 Humanitarian Entrants are resettled through the onshore program or SHP (DIaC, 2008d). Under the SHP, migrants are proposed by a person who is currently living in Australia as a citizen or permanent resident, an Australian organisation, or an eligible New Zealand citizen (DIaC, 2008a). The proposer must support the application for entry and must provide financial support for the migrant during their resettlement in Australia (Flanagan, 2007).

For those who have resettled in Australia as refugees, DIaC provides support under the Integrated Humanitarian Settlement Strategy (IHSS). The IHSS is provided for six months by service providers, such as the Migrant

Resource Centre North (MRC) in Launceston (DIaC, 2008d; Flanagan, 2007).

In special cases the duration of the IHSS is extended, and in Tasmania is provided for eight to nine months on average (Flanagan, 2007). Migrants entering under the SHP do not receive direct access to the IHSS, however their proposers can apply for assistance on their behalf (Flanagan, 2007).

Under the IHSS, new entrants are met on arrival and provided with temporary accommodation, orientation and emergency needs (DIaC, 2008d). The IHSS provider then works with the client to establish a case plan, identifying the services they will need to access such as Centrelink and employment services.

The IHSS also provides accommodation services, short term torture and trauma counselling services, 500 hours of English tuition, and translation services (DIaC, 2008d; Flanagan, 2007). DIaC also funds settlement services under the Special Grants Program (SGP). The SGP provides funding to settlement services that offer additional assistance not included in the IHSS, such as community development projects, life skills development and social harmony projects (DIaC, 2008d).

Australia still faces significant challenges in providing adequate support for people of refugee background. Gaps have been identified in the areas of immediate health care, off-shore cultural orientation programs, housing, and the length of English language tuition services (DIMIA, 2003), and these issues continue to be debated within service provider circles and by the recipients of the IHSS themselves.

Until recently, Tasmania resettled a higher number of Humanitarian migrants per capita than any other state in Australia, resettling significant communities from Sudan, Sierra Leone, and Liberia in Launceston (in the

state's North). The following sections highlight the crisis situations in these nations and the response of the Australian Government.

1.1.2 Sudan

Sudan is the largest country on the African continent, covering 2,505,813 square kilometres (CIA, 2008; DIaC, 2007d). It is situated in North East Africa (see Figure 2 below) and shares borders with the Red Sea, Eritrea, Ethiopia, Kenya, Uganda, the Democratic Republic of the Congo, the Central African Republic, Chad, Libya and Egypt (CIA, 2008; DIaC, 2007d). There are approximately 40.3 million people living in Sudan, or an average of 160 people per square kilometre (CIA, 2008). The Sudanese people predominantly comprises two main racial groups, the Arab (39%) and the black African (52%; CIA, 2008). There are also hundreds of individual ethnic groups within each of these broader categories of race (DIaC, 2007d). Northern Sudan is home to the majority of Arab Sudanese, whilst black Africans make up the majority of the South's population (DIaC, 2007d).

The Sudanese have been embroiled in civil war for most of their 53 year independence, making it among the longest in history (Deng, 2001). However, civil conflict between the Northern Sudanese with their Muslim Arab culture and religion, and the black Africans of the South who maintain Christian or indigenous religious beliefs, had occurred for much of the previous century.

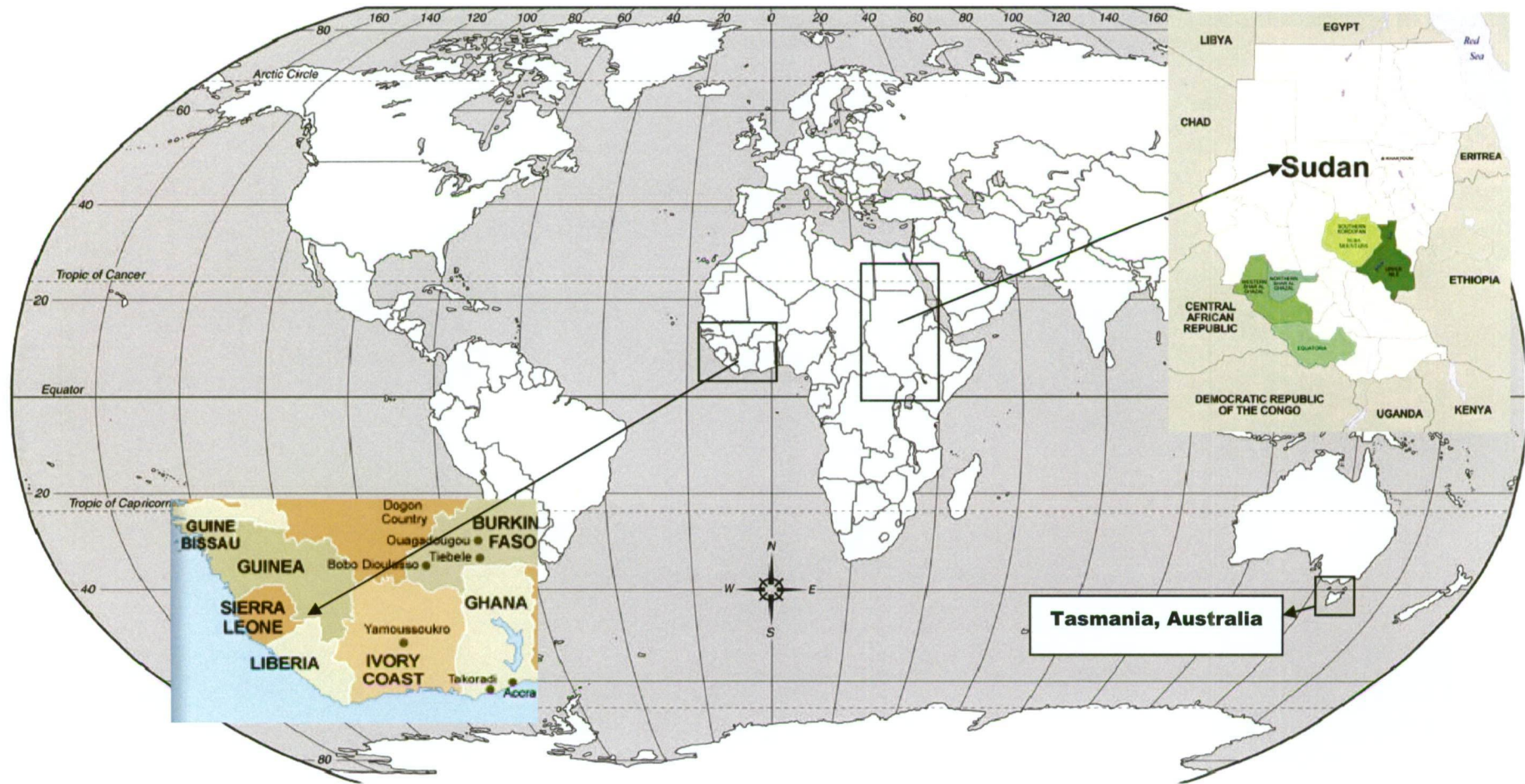


Figure 2. Map

Sudan was made up of several autonomous kingdoms, with Islam predominant in the north and indigenous religions in the south, until it was invaded by the Ottoman ruler of Egypt in 1821 (Pike, 2005b). Ottoman-Egyptian rule instigated tension between the north and south, with Arab merchants from the north kidnapping thousands of black African southerners for the lucrative international slave trade (DIaC, 2007d; Domke, 1997). The British began to exercise greater control over the export of African slaves to the international community by the 1870s however, stemming the flow from Sudan and thus curbing Ottoman-Egyptian resources (Domke, 1997). Their diminished capacity enabled the Mahdist Islamic movement to revolt (Deng, 2001; Pike, 2005b). The Mahdi ruled Sudan from 1885 until the British invaded under Lord Kitchener in 1898 (Pike, 2005b).

The British-Egyptian condominium was established in 1899. Despite their efforts to establish control and unity for the north and south of Sudan, the British only served to exacerbate their differences, by assisting in the economic and educational development of the north and largely neglecting the south (Barnabas, 1997; DIaC, 2007d). The British encouraged missionaries to travel south to convert the indigenous Africans to Christianity, and whilst they provided health care, education and social services, they also further divided the south from the northern Muslim Arabs (Deng, 2001; Domke, 1997). In the 1920s, educated northern Sudanese were beginning to express concern over the little room they had for self-governance and by 1952, when Egypt came under new revolutionary leadership, the Sudanese launched a bid for an ill-fated independence (Barnabas, 1997; Domke, 1997). The British-Egyptian condominium agreed to hand leadership over to the Sudanese people in 1953,

but had privileged the north in the process, with many vacated British posts going to northern Sudanese (DIaC, 2007d; Domke, 1997; Pike, 2005b). The handover of rule was the source of fear amongst southern Sudanese, who felt the northerners would dominate and discriminate against them. In 1955 a group of rebels mutinied during the handover of a southern battalion to northern rule (Deng, 2001; Pike, 2005b). Rather than surrender, these rebels went into hiding, sparking a civil war that would last the next 17 years (Pike, 2005b).

Sudan was one of the first countries in Africa to gain its independence, which was achieved in 1956. This independence was, however, marred by drought, famine, and civil war (DIaC, 2007d). The civil war in Sudan is characterised by southern resistance to northern rule, with a basis in ethnic, cultural, and religious differences between the two regions (DIaC, 2007d; UNHCR, 2000). The south resisted the 'Islamisation' of southern schools, the restriction of Christian churches, and the expulsion of Christian missions from the country, that occurred throughout the first decade of independence by northern Islamic governments (Barnabas, 1997; Deng, 2001). At this time the civil war was fought in guerrilla warfare between government troops and the Anya Nya rebel group (Barnabas, 1997; DIaC, 2007d; Pike, 2005b). By the late 1960s the Anya Nya controlled most of the south, although government troops occupied most major towns. The rebel units were small and scattered, and largely ineffective against the military, however by 1960 an estimated 500,000 people had been killed (Pike, 2005b). Both rebel and government forces routinely used civilians for resources, both by raiding and pillaging villages, and by abducting women and children as slaves (UNHCR, 2000).

In 1969 Ja'afar Numayri staged a coup d'état. He recognised the irreconcilable differences in culture and religion of the north and south, and proposed a series of peace talks that would lead to the autonomy of the south (Deng, 2001; Pike, 2005b). In 1972 Numayri brokered the Addis Ababa Accord with the southern rebels, leading to a ten year hiatus of the civil war (Deng, 2001; DIaC, 2007d; Pike, 2005b). The peace, however, was only to be temporary. Over the ten year period of ceasefire Numayri and his government had gradually rescinded on the Addis Ababa agreements and regained control of the south. In 1983 Numayri introduced Sharia law that imposed harsh penalties on all Sudanese, including the non-Muslim southerners (DIaC, 2007d; Pike, 2005b; UNHCR, 2000). This sparked renewed conflict between north and south, and Numayri's former Minister of State for Southern Affairs, John Garang, formed the Sudan People's Liberation Movement (SPLM) whose mission was to establish a unified democratic Sudan (Deng, 2001). Acknowledging, however, that the reactionary attempts of the past had been fruitless, the SPLM believed only a progressive, organised military movement would suffice (Barnabas, 1997). With strong support from Ethiopia and Israel, the SPLM's army (SPLA) launched the second bloody Sudanese civil war that would last the next 20 years.

In 1985 Numayri was deposed, and after general elections in 1986, a descendent of the Mahdist movement, Sadiq al-Mahdi took power (Pike, 2005b). Mahdi began negotiations with Garang, which were then overthrown by a coup d'état that left the fundamentalist Islamic group, the National Islamic Front, in control of Sudan. Omar Hassan Ahmed al-Bashir continued the aggressive Islamisation of the south, being re-elected in two allegedly

rigged elections in 1996 and 2000 (Deng, 2001; UNHCR, 2000). After these set-backs, negotiations for peace began in earnest in 2000, and by 2005 the Comprehensive Peace Agreement (CPA) had been brokered in conjunction with the United Nations Mission in Sudan (UNMIS). This agreement allowed for six years of southern autonomy after which time a referendum would be held on southern independence (UNMIS, 2008). Two years previous to this agreement a third civil war broke out in Sudan's western region of Darfur. The rebel groups in Darfur had similar grievances to the SPLM/A, and were angered over being disregarded in the CPA (DIA, 2007d).

The conflict in Darfur is ongoing, with UN peacekeeping troops deployed in 2007. In the first and second civil wars an estimated two million people had been killed, and another four million had been displaced (CIA, 2008). To date, the Darfur conflict has seen another 200,000 – 400,000 people killed (CIA, 2008). Five million Sudanese people remain displaced as a result of civil war and the Darfur conflict (UNOCHA, 2008). As of June, 2008, the United Nations Development Programme (UNDP) in Sudan is active in reintegrating over 180,000 ex-combatants and their families into the local community (IRIN, 2008; UNDP-Sudan, 2008). Their first focus has been on child-soldiers, of whom there are up to 50,000 (IRIN, 2008).

1.1.3 Sudanese Resettlement in Australia

The Sudanese were among the first of Africa's refugees to be considered a priority for resettlement by the Australian government. The first major intake of Sudanese refugees was in the 1992-93 financial year, with 148 people resettled in Australia at that time (DIMIA, 2002). The number of

Humanitarian places allocated to Sudanese nationals steadily increased throughout the 1990s and mid 2000s (DIMIA, 2002), and they were the highest priority for the Australian government in the 2002-03 period (DIaC, 2007d). Sudanese Humanitarian resettlement peaked in the 2004-05 period with 5,572 new Sudanese Humanitarian entrants, 42.1% of the total Humanitarian places provided for the world's refugees by Australia (DIaC, 2008b). At the end of 2006 the Department of Immigration and Citizenship estimated 20,000 Sudanese people were living in Australia (DIaC, 2007b), not including children who were born of Sudanese parents in refugee camps in Kenya and Ethiopia.

Since 2005-06 there has been a decline of Sudanese Humanitarian arrivals with the 2007-08 intake of only 799 Sudanese refugees being the lowest since 1999 (DIaC, 2008c; DIMIA, 2002). Eighty-three percent of Sudanese-Australians identify with the Christian religion, 12% with Islam, and the remainder of indigenous or no religion (DIaC, 2007d). Approximately 2.8% of Humanitarian Entrants from Sudan have been resettled in Tasmania (DIaC, 2007b), with Sudan being Tasmania's largest source country for new arrivals of any immigration status in the 2002-03 year (DIMIA, 2004).

1.1.4 Liberia

Liberia is a country covering 11,370 square kilometres in the west of Africa. It shares borders with Sierra Leone, Guinea and Cote d'Ivoire, and an Atlantic Ocean coastline (CIA, 2008; DIMA, 2006). Liberia is populated by approximately 3.3 million people, or an average 268 people per square kilometre (CIA, 2008). Ninety-five percent of the people are indigenous to

Africa, including Gio, Mano, Krahn, Mandingo, and Mende amongst many others (CIA, 2008; DIMA, 2006). Liberia was originally formed as an American colony in 1822, ostensibly founded to return freed African-American slaves to their homeland, but in reality, as a plot by the American Colonisation Society to remove African-Americans from the United States (Duva, 2002). Two and a half percent of the Liberian population is descended from the Americo-Liberian line (CIA, 2008).

The Americo-Liberian settlers declared the colony independent from US rule in 1847 (CIA, 2008) and named it Liberia after the word 'liberty'. They formed the True-Whig party in 1877, which would rule in a tacitly one-party state for the next century (BBC, 2008; Duva, 2002). In 1971, President William Tolbert succeeded leadership and declared that he would restore freedom and democracy to the country (Duva, 2002). Despite his best efforts however, Tolbert was unable to reverse over a century of ethnic inequality. The state of the political economy and the True-Whig Party's one-party domination had taken its toll on the people of Liberia, and in their discontent they sanctioned a coup d'état in 1980, in which Tolbert was captured and executed (BBC, 2008; Pike, 2005a). Samuel Doe of the People's Redemption Council assumed leadership as Liberia's first indigenous President and he led with his military force, the Armed Forces of Liberia (AFL) (CIA, 2008). Doe was a brutal leader, ruling in favour of his own ethnic heritage, the Krahn tribe, and discriminating against the Gio and Mano tribes (Duva, 2002). After a 1985 election was rigged in favour of Samuel Doe, a counter coup d'état was attempted and overthrown within just three days (Pike, 2005a). Doe then intensified his brutal approach to leadership, slaughtering more than 2000 Gio

and Mano people and imprisoning more than 100 of his political opposition.

Unbeknownst to Doe a former minister of his cabinet, Charles Ghankay Taylor, was rallying rebels in Cote d'Ivoire (Pike, 2005a; UNHCR, 1994).

Charles G. Taylor, together with his rebel group, called the National Patriotic Front of Liberia (NPFL), entered Liberia in 1989 (CIA, 2008; UNHCR, 1994). In retaliation to this threat, Doe's AFL attacked villages in the Gio and Mano's Nimba County, burning them and killing civilians (UNHCR, 1994). The AFL attacks against the Gio and Mano inspired many to join the NPFL's 'Black Scorpions'. They slowly took control of most of Liberia, killing civilians of Doe's Krahn and Mandingo support base (UNHCR, 1994). In 1990 a number of the NPFL's Gio members splintered into a separate guerrilla force, the Independent National Patriotic Front (INPFL), guided by Prince Yormie Johnson. Johnson led the INPFL to the capital, Monrovia, where they captured and executed Doe in September 1990 (Pike, 2005a; UNHCR, 1994). As both Taylor and Johnson vied for power, Doe's supporters formed a new rebel group called the United Liberation Movement of Liberia for Democracy (ULIMO) (Pike, 2005a). ULIMO and its various factions were to be among the most brutal rebel forces in history.

In response to the crisis the Economic Community of West African States formed a monitoring group (ECOMOG), made up mainly of Nigerian soldiers, who were deployed to Liberia to institute a peace accord (UNHCR, 1994). Taylor was not appeased by the outcome, and the NPFL soon reneged on the peace accord (Riley & Sesay, 1996). They stormed Monrovia in a brutal massacre and the ULIMO forces retaliated. Liberia was descended into chaos once again, until July 1993 when a second peace accord (the Contou

agreement) was signed (UNHCR, 1994). However, throughout 1993 new rebel groups formed and the killing did not cease (Pike, 2005a). By 1995 thirteen peace accords had been made and broken (Riley & Sesay, 1996). The United Nations intervened with its Observer Mission in Liberia and there were alternate attempts at peace and renewed fighting until 1996, when Taylor loyalists tried to arrest the commander of ULIMO-J, a ULIMO faction. Over 1,500 Liberians were killed in Monrovia over the seven week clash and the city was left in ruins (Pike, 2005a). Only then did the US step in, instigating the Abuja accord. This accord was maintained for only a year, and collapsed before elections were held in 1997 (Riley & Sesay, 1996). Charles Taylor, with a reported 75% of the vote, was instated as President amid rumours of electoral fraud (Kamara, 2003; Pike, 2005a).

The country remained relatively peaceful for two years, despite ethnic discrimination, however the ULIMO group, disbanded by Taylor when he assumed leadership, had been reforming under the name Liberians United for Reconciliation and Democracy (LURD) (Kamara, 2003). In 1999 LURD began a second civil war in Liberia, fighting Taylor's National Patriotic Party army along the Guinean border and later in Monrovia (Pike, 2005a). In early 2003 a second rebel group formed called the Movement for Democracy in Liberia (MODEL) (Kamara, 2003). Together, LURD and MODEL forces controlled the majority of Liberia, and Taylor was left with barely a third of the country under his leadership (Pike, 2005a). Under foreign and domestic pressure, Taylor resigned in mid-2003 and fled to Nigeria where he lived in exile until Sierra Leone extradited him for war crimes committed in the Sierra

Leonean war (BBC, 2008; Pike, 2005a). The Liberian civil wars were declared officially over by the UN in September 2003 (CIA, 2008).

By 2003 250,000 people had been killed, 101,495 combatants had been disarmed, including 11,000 children (BBC, 2008; UNDDR, 2008), and more than one million people had been displaced. In 2005 Liberia had its first fair and democratic election in their history as an independent nation. Ellen Johnson-Sirleaf was instated as Africa's first female President (CIA, 2008). Despite the relative stability Liberia has enjoyed over the past three years, there remain significant gaps in the humanitarian situation in Liberia worthy of international attention. Liberia is ranked 176th of 179 countries in the Human Development Index (UNDP, 2008).

1.1.5 Liberian Resettlement in Australia

Australia's first major intake of refugees from Liberia arrived in 2005 (Redmond, 2005), though it had been resettling small numbers of Liberian nationals from 2000 (DIMIA, 2004). The Department of Immigration and Multicultural Affairs estimated 1500 Liberians were living in Australia at the end of the 2006 period (DIMA, 2006), and there have been approximately 800 new arrivals since that time (DIaC, 2008b, 2008c). Approximately 2.4% of these former refugees have been resettled in Tasmania (DIaC, 2007a). The majority of Liberians (75%) living in Australia identify as Christian, with the remainder identifying as Muslim or as having indigenous beliefs (DIMA, 2006).

1.1.6 Sierra Leone

Sierra Leone is situated on the Atlantic coast in the west of Africa (see Figure 2) and borders with Guinea and Liberia. It covers a land area of 71,740 square kilometres of land, slightly bigger than Tasmania (CIA, 2008; DIaC, 2007c). Sierra Leone was ‘discovered’ by Portugese explorers in 1535. It is home to a population of 6.3 million, or 83 people per square kilometre (CIA, 2008). The Portugese did not colonise Sierra Leone upon its discovery, and the country remained home to approximately 20 indigenous ethnic groups, with the majority of the population belonging to the Mende and Temne tribes today (CIA, 2008; DIaC, 2007c). From 1787 the British used Sierra Leone to resettle Jamaican slaves freed after having fought for the British in the American Revolutionary war (CIA, 2008; Samura, 1999), and the Sierra Leonean population is also made up of their descendents, the Krios.

Sierra Leone was declared a British colony in the early 17th century and it continued under British rule until independence under the British Commonwealth was declared in 1961 (Samura, 1999; UNHCR, 1998). The infamous diamonds of Sierra Leone were first discovered some 30 years earlier and by 1956 an estimated 75,000 people were mining diamonds illegally (Samura, 1999). In 1971, then Prime Minister Siaka Stevens of the All People’s Congress (APC), declared Sierra Leone a republic and took control of the country under a one-party state (UNHCR, 1998; Utas & Jorgel, 2008). By 1991 a small group of men disillusioned with the Momoh government, were forming under the leadership of Foday Sankoh who had been jailed for seven years after being accused of plotting against the government (UNHCR, 1998). This group called themselves the Revolutionary

United Front (RUF), and among their ranks was a faction of boy soldiers, the now infamous 'West Side Boys' (Hawley, 1999; Samura, 1999; Utas & Jorgel, 2008). The RUF began attacking villages near their base on the Liberian border, which was seen as a spill-over from the Liberian Civil War (UNHCR, 1998). It was later alleged that Sankoh and the RUF were trained under the patronage of Charles Taylor, Liberia's infamous former president and war lord (Samura, 1999; Utas & Jorgel, 2008). The name 'RUF' would strike fear across the country for the next decade.

A military coup overthrew the APC's one-party rule in 1992, establishing the young soldier Captain Valentine Strasser as the head of the National Provisional Ruling Council (NPRC) (UNHCR, 1998; Utas & Jorgel, 2008). Military rule did not quell the RUF's attacks, and by 1995 the RUF controlled much of the country, and its diamond fields. Strasser was deposed in 1996, and under foreign pressure general elections were called for the first time in 34 years (UNHCR, 1998). Sadly, in response to the NPRC's political campaign slogan, "the future is in your hands", the RUF began systematically amputating the hands of Sierra Leone's civilians, asking victims if they preferred to wear long or short sleeves, in reference to where on the arm they would amputate (Keen, 2005). Despite these terror tactics, the elections instated Ahmad Tejan Kabbah of the Sierra Leonean People's Party as president (Samura, 1999; UNHCR, 1998). Kabbah began his term in office by holding peace talks with Sankoh, and an agreement was reached in late 1996 in Abidjan, Cote d'Ivoire (Keen, 2005). Continued violence was perpetrated by the RUF despite the Abidjan agreement, culminating in the arrest of Sankoh in 1997 (UNHCR, 1998). A group of disaffected soldiers formed a

rogue group they called the Armed Forces Revolutionary Council (AFRC) under the direction of Major Johnny Paul Koroma (Samura, 1999). The AFRC and RUF staged a joint coup d'état, overthrowing the Kabbah government (Hawley, 1999; Keen, 2005; UNHCR, 1998). The AFRC and the RUF united in a bloody reign of terror that was to last the following eight months (Utas & Jorgel, 2008).

The Commonwealth of Nations, though unwilling to provide any direct assistance, then encouraged ECOMOG to intervene (Samura, 1999; Utas & Jorgel, 2008). The conflict between ECOMOG troops and the AFRC/RUF's 'People's Army' was fought in the streets of the capital Freetown, leaving hundreds displaced and the city in ruins (Keen, 2005; UNAMSIL, 2005; UNHCR, 1998). Kabbah was reinstated in 1998 and despite losing government, the People's Army continued their brutal attacks on villages as they tried to regain control of Sierra Leone's diamond mines (UNAMSIL, 2005). In 1999 they stormed Freetown, demanding the release of Sankoh from prison (Hawley, 1999). Kabbah struggled with the united rebel forces as peace talks and continued conflict alternated in a frustrating few months (Samura, 1999). The Lome Peace Accord was finally drawn up and agreed upon by both the SLPP government and the united AFRC/RUF on the 7th of July, 1999 (Samura, 1999).

The United Nations then finally responded to the Sierra Leone crisis by sending in their largest peace-keeping force in history, the United Nations Mission in Sierra Leone (UNAMSIL, 2005). As ECOMOG withdrew leaving UNAMSIL to keep the peace, the West Side Boys launched attacks once again. They were not mentioned in the 1999 Lome agreement, and so they

held more than 500 UNAMSIL troops hostage in a bid to be recognised (Utas & Jorgel, 2008). By this time the AFRC had split from the RUF, and on May the 8th 2000, the West Side Boys and the AFRC joined in a 'peace rally' against the RUF, picketing outside Sankoh's Freetown home (Utas & Jorgel, 2008). Many civilians joined in the protest. The RUF opened fire on the group, killing 24 people, and this gave the signal to the West Side Boys and AFRC to overcome the RUF headquarters, leading to the deaths and arrests of RUF members and Sankoh himself once again (CNN, 2000; Utas & Jorgel, 2008). After more peace talks Kabbah finally declared the war officially over on the 18th of January, 2002.

By 2002, over 50,000 people had been killed, 72,490 combatants had been disarmed including over 7,000 boy soldiers, and more than two million people had been displaced from their homes (CIA, 2008; UNDDR, 2008). In March, 2003, the Special Court for Sierra Leone was established to try the major players of the war for their crimes (SCSL, 2008). Sankoh died in prison in 2003 of a heart attack, having been indicted but never charged (SCSL, 2008). Koroma was indicted in 2003 on 17 counts of war crimes and crimes against humanity. His whereabouts remain unknown (SCSL, 2008). In 2006 Charles Taylor was arrested and brought to Sierra Leone, indicted to appear before the UN Criminal Court for funding the RUF's attacks. He is currently on trial for 11 counts of war crimes, crimes against humanity, and serious violations of international humanitarian law (SCSL, 2008). Sierra Leone is ranked 179th of 179 countries on the Human Development Index (UNDP, 2008).

1.1.7 Sierra Leonean Resettlement in Australia

Sierra Leonean refugees have been resettled in Australia since the early 1990s (DIMIA, 2002), however its first major intake of 127 Sierra Leonean refugees were resettled in Australia in 2000-2001 (DIMIA, 2004). At the end of 2006 DIaC estimated 1810 Sierra Leoneans were living in Australia (DIaC, 2007b). Approximately 750 new arrivals from Sierra Leone have been resettled since that time (DIaC, 2008c). Sierra Leonean-Australians are evenly divided by religion into Muslim, Christian and indigenous beliefs. Approximately 9.4% of Humanitarian Entrants from Sierra Leone have been resettled in Tasmania (DIaC, 2007b).

1.2 Summary

In summary, Australia has had a strong history of Humanitarian resettlement, which has contributed to the ever increasing diversity of the population. Australia was among the first to ratify the UN's 1951 Convention on the Status of Refugees, and contributes to the international humanitarian aide effort by providing 13,000 places for refugees per year. Australia's Humanitarian Entrants have always come from histories of war and violence, from the first resettled under the program after fleeing their homes due to World War II, to the 1970s mass migration of South-East Asian refugees, to forced migration due to the Gulf and Kosovar wars of the 1990s. Recent arrivals have been no exception, with increasing numbers of Humanitarian visas being offered to forced migrants from African nations.

Australia offers Humanitarian Entrants substantial support in the first six months of resettlement through its IHSS, however significant gaps remain

in the provision of adequate support. Given the histories of conflict in Australia's most recent source countries for Humanitarian arrivals, including Sudan, Sierra Leone, and Liberia, the provision of adequate mental health support services is essential.

Chapter One has provided the reader with a history of conflict in Sudan, Sierra Leone, and Liberia. For the Western mental health professional, these histories highlight the potential, and some may say inevitability, of former refugees being severely traumatised. Chapter Two will now discuss the history of the study of trauma in Western psychology, and argue that in order to provide adequate mental health support to Humanitarian Entrants in Australia, we must first understand the experience of trauma from their perspectives, and the impact of culture on these experiences.

Chapter Two

Trauma, Posttraumatic Growth, and Cultural Psychology

"It is under the greatest adversity that there exists the greatest potential for doing good, both for oneself and others."

- His Holiness, the Dalai Lama

Given the histories of conflict in Sudan, Sierra Leone, and Liberia, it is clear that Humanitarian entrants to Australia from these nations will have experienced events that may be perceived as traumatic. Chapter Two discusses the theoretical background of trauma in Western psychological literature and the emerging salutogenic paradigm in which these investigations were situated, specifically Posttraumatic Growth (PTG). However, the application of Western mental health constructs such as PTSD and (to a lesser extent) PTG to non-Western populations has been challenged. Chapter Two therefore presents a critical analysis of the use of these constructs in refugee populations. It is important to note that the Western/non-Western dichotomy is complex, and that people within 'non-Western' cultures may still respond to 'Western' techniques. It is nevertheless important to consider broad-scale cultural differences as a potential impacting factor upon the validity of trauma constructs and the efficacy of interventions. Cultural Constructionism (Gergen, 1985, 1997, 2003) is proposed to be the most appropriate paradigm under which to conduct research into the lived experience of potentially traumatic events from the perspectives of former refugees, through which a

rich and robust understanding of the idioms and salient features of trauma (both negative and positive) can be developed.

2.1 Life Crises

2.1.1 *The Pathogenic Paradigm and the Rise of Posttraumatic Stress Disorder*

Pathogenic perspectives on trauma. The study of psychology has historically been the study of pathology, with an emphasis on abnormal behaviour and adverse symptomatology, and a focus on prevention and treatment (Seligman, 2002; Tedeschi, Park, & Calhoun, 1998). The study of trauma has been no exception. Over the past thirty years the term ‘trauma’ has become synonymous with suffering and victimisation to the relative exclusion of other possible outcomes, as a result of the clinical and pathological orientation to this area. This is not least evidenced by the surge in research on the impact of traumatic events following the inclusion of Posttraumatic Stress Disorder as a diagnosable entity in the 1980 publication of the Diagnostic and Statistical Manual of Mental Disorders (DSM-III) (Blake, Albano, & Keane, 1992; Friedman, 2000). Whilst this thesis challenges the universality of constructs such as PTSD, and favours a salutogenic paradigm in which resilience and beneficial outcomes of the experience of trauma are possible, it is nevertheless important to have an understanding of the complete range, and potentially universal, aspects of trauma in order to then understand its social and cultural constructions (Westoby, 2009).

There are a range of negative physical, psychological, and social consequences that can arise from a person’s experience of trauma (Briere & Scott, 2006; Friedman, 2000; Kreitler & Kreitler, 1988; Lyons, Geradi, Wolfe,

& Keane, 1988; Tedeschi & Calhoun, 1995; van der Kolk, 1988). Physical symptoms can include sweating, fatigue, muscle tension and aches, and physical discomfort, and in some cases somatisation disorder (Briere & Scott, 2006; Lyons et al., 1988; Tedeschi & Calhoun, 1995; Tedeschi & Calhoun, 2004b; van der Kolk, 1988). Emotional and psychological effects can include grief, anxiety, depression, guilt, anger, irritability, abandonment, isolation, and lowered self-esteem (APA, 2000; Briere & Scott, 2006; Kreitler & Kreitler, 1988; Tedeschi & Calhoun, 1995; Tedeschi & Calhoun, 2004b; van der Kolk, 1988). Social or behavioural effects can include drug and alcohol abuse, withdrawal, and lowered social aspirations (APA, 2000; Lyons et al., 1988; Tedeschi & Calhoun, 1995; Tedeschi & Calhoun, 2004b). A feeling of emptiness, loss of hope, and disengagement from previous goals and interests are all common elements of post traumatic distress (Briere & Scott, 2006). Where these symptoms of distress are ongoing, a survivor of trauma may be diagnosed as experiencing PTSD.

Posttraumatic Stress Disorder. It is commonly believed that the inclusion of PTSD as a diagnosable entity in the 1980 publication of the DSM-III was a social and political reaction to the plight of Vietnam Veterans in the US, many of whom were suffering extreme distress (Blake et al., 1992; Friedman, 2000; Kienzler, 2008; Summerfield, 1998; Trimble, 1985). It has also been proposed that the social and political climate at that time had changed to allow a more open discussion of the negative impact of war due to the large-scale opposition to the Vietnam war, and that, similarly, the acceptance of feminism had allowed recognition and discussion of the impact of rape and sexual violence on women (Bracken, 2001; Herman, 1992). In

both cases, recognition of survivors' suffering and therefore the ability to research trauma and take treatment options seriously, had a significant impact on the development of the disorder category.

The current criteria for experiencing a traumatic event, formed within the diagnosis of PTSD in the DSM-IV-TR (APA, 2000), specifies that a person "*witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or a threat to the physical integrity of self or others*" and that "*the person's response involved intense fear, helplessness, or horror*" (APA, 2000, p. 467). PTSD is characterised by three symptom clusters: Re-experiencing, in which the survivor experiences intrusive recollections of the event, flashbacks, recurring nightmares, and distress when presented with triggers of the event; Avoidance, including intentional efforts to avoid potential triggers of recollections, numbing, and diminished interest in previously enjoyed activities and social contact; and Hyper-arousal, characterised by insomnia, hyper-vigilance to the point of paranoia, and instability in emotional affect and concentration (APA, 2000; Creamer, Burgess, & McFarlane, 2001; Friedman, 2000).

It has been estimated that approximately 50% of Australian women and 65% of Australian men will experience a potentially traumatic event in their lifetime (Creamer et al., 2001; Forbes, Creamer, Phelps, Bryant et al., 2007; Forbes, Creamer, Phelps, Couineau et al., 2007). Research has shown that violent assault, combat related trauma, and rape all have consistently higher prevalence rates of PTSD than any other traumatic event, with sexual assault topping PTSD rates (Creamer et al., 2001; Forbes, Creamer, Phelps, Bryant et al., 2007; Frans, Rimmo, Aberg, & Fredrikson, 2005; Kessler,

2000). However a relatively small proportion of all trauma survivors go on to develop PTSD. A 1997 National Survey of Mental Health and Wellbeing showed that the 12 month prevalence of PTSD in an Australian sample was 1.3% (Creamer et al., 2001; Forbes, Creamer, Phelps, Couineau et al., 2007; Rosenman, 2002). The 12 month prevalence in a US National Co-morbidity Study (NCS) was slightly higher at 3.5% (Kessler, Chiu, Demler, & Walters, 2005). The lifetime prevalence for the general community in an earlier US NCS was estimated to be 5% for males and 10% for females (Kessler, 2000; Schnurr, Friedman, & Bernardy, 2002).

Research consistently demonstrates that whilst trauma can have devastating effects on the individual, the symptoms of resultant distress are generally not prolonged. Critics of the pathogenic paradigm therefore propose that people are more likely to be resilient to adversity, and that some may even benefit from such an experience. Whilst it is important to investigate the adverse effects of experiencing trauma in order to provide support for those who are affected by them, it may be argued that investigating resilience and potential growth is equally important. Due to its emphasis on a holistic understanding of both the adverse and positive effects of trauma, it has therefore been suggested that a salutogenic paradigm more effectively illustrates the gamut of human experience.

2.1.2 The Salutogenic Paradigm and the Rise of Posttraumatic Growth

Despite its traditional focus on pathology, some Western psychological thinking has begun to shift focus towards a more holistic approach.

Antonovsky (1979, 1987) was among the first to note, in theoretical terms, the ability for survivors of trauma to adapt positively to their experiences in his

work with former concentration camp prisoners. He had observed that despite extreme suffering these survivors were well adapted, and in very few cases were experiencing severe prolonged distress. Antonovsky used the term salutogenesis (literally translated as ‘the origins of health’) to describe this phenomenon. Understanding health in salutogenic terms means that psychology can focus not only on the adverse effects of trauma, but also on the possibility for survivors to return to their previous level of functioning (resilience), or indeed to develop beyond their previous psychological functioning levels. Former American Psychological Association president Martin Seligman has promoted this idea, stating that “psychology is not just the study of disease, weakness, and damage; it is also the study of strength and virtue” (Seligman, 2002, p. 2).

The current research is situated in the salutogenic paradigm, investigating the gamut of potential post-trauma adaptation pathways and outcomes. Shifting the focus away from mental illness helps to empower people who have experienced trauma, as it allows them to perceive themselves as survivors with the potential to flourish, rather than as victims (Tedeschi et al., 1998; Tennen & Affleck, 1998). To show how survivors adapt to their post-trauma life allows the psychological profession to encourage health in others, rather than simply aiming to ‘cure mental illness.’ Survival is one of the triumphs of the refugee experience, and it is therefore important that health and survival is at the core of this thesis. Richard Tedeschi and Lawrence Calhoun (Calhoun & Tedeschi, 2006; Tedeschi & Calhoun, 1995; Tedeschi & Calhoun, 2003, 2004a, 2004b; Tedeschi et al., 1998) developed what is

arguably the most comprehensive salutogenic model of the experience of growth following a traumatic experience; Posttraumatic Growth (PTG).

Posttraumatic Growth. Tedeschi and Calhoun coined the term Posttraumatic Growth in 1995, defining it as “significant beneficial change in cognitive and emotional life, beyond previous levels of adaptation, psychological functioning, or life awareness” (Tedeschi & Calhoun, 1995; Tedeschi & Calhoun, 2003, p. 1). Unlike other related constructs, PTG is a model of both the *process* and the *outcomes* of experiencing a traumatic event. Further, PTG refers to actual changes in the person’s cognitive and emotional life as a result of their struggle to cope with the enormity of their experience (Calhoun & Tedeschi, 1998b; Ickovics & Park, 1998; Tedeschi & Calhoun, 2003). PTG is an evolving construct, and research continues to be conducted to further develop this model. Figure 3 below displays the model of PTG in its most current form. The sections below highlight the various aspects of the post-trauma journey as identified in the model.

In the PTG model, the traumatic event is referred to as a ‘seismic event’. Tedeschi and Calhoun use this metaphor insofar as it conjures an image of Janoff-Bulman’s (1992) shattering of fundamental assumptions theory of trauma. Janoff-Bulman suggested that the experience of trauma is psychologically damaging because it has the effect of shattering a person’s fundamental assumptions. She describes these fundamental assumptions as a “conceptual system, developed over time, that provides us with expectations about the world and ourselves” (p.5). Janoff-Bulman suggests that there are three such assumptions: The world is benevolent; the world is meaningful; and the self is worthy. The assumptions are a foundation to one’s sense of self,

others and their place in the world, and the shattering of these assumptions forces the individual to reconstruct meaning and purpose in their life, resulting in the journey to adaptation as detailed in the model (Calhoun & Tedeschi, 2006).

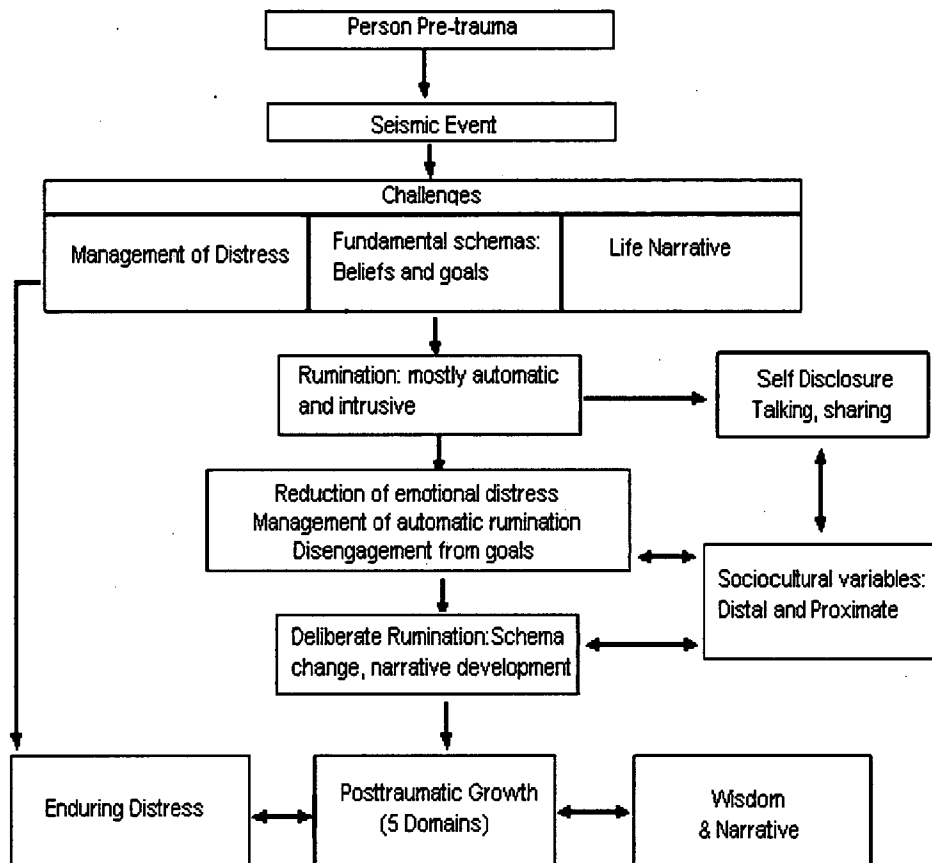


Figure 3. Model of PTG (Calhoun & Tedeschi, 2006).

The most important factors in developing PTG outcomes are social and cognitive factors (Tedeschi & Calhoun, 2004b). It is important to remember that the model of PTG established by Tedeschi and Calhoun does not simply refer to growth outcomes, but also to the process by which these outcomes can be arrived at. Thus, the PTG model is not only a model of growth per se, but also of distress, coping, and meaning making, as these factors each contribute

to the process by which growth outcomes may occur. These social and cognitive factors therefore make up the process of PTG, rather than the outcomes.

Calhoun and Tedeschi's (2006) model of PTG proposes that in order for growth outcomes to occur, the individual survivor of trauma must be able to successfully manage their emotional reaction to the traumatic experience (Morris, Shakespeare-Finch, & Scott, 2007). That is, they must be able to cope with their experience. One of the most prominent models of coping is that described by Lazarus and Folkman's (1984) transactional model of stress and coping. Lazarus and Folkman proposed that the coping process was made up of two parts, cognitive appraisal and coping, and that coping could be either problem focussed or emotion focussed. Research has shown that growth outcomes specified in the PTG model are strongly associated with these specific coping styles. For example, social support is strongly correlated with positive adjustment and growth in survivors of trauma (Calhoun & Tedeschi, 1998a; Calhoun & Tedeschi, 2006; Lepore & Hegelston, 1998; Lyons, 1998; Massey, Cameron, Ovellete, & Fine, 1998; Weiss, 2004). Social support can be offered by a range of individuals, with research showing that emotional support is best given by family and friends, and information by professionals (Lyons, 1998). Similarly, research has shown that PTG outcomes are strongly correlated with the coping strategies of positive reappraisal (Sears, Stanton, & Danoff-Burg; Thornton & Perez, 2006), emotional expression (Manne, Ostroff, Winkel, Goldstein, Fox, & Grana, 2004), active coping and venting emotions (Morris et al., 2007).

Tedeschi and Calhoun assert that the most important cognitive factor in developing PTG outcomes is rumination. The concept of rumination has pathogenic connotations in traditional psychology, and in its intrusive and automatic form promotes negative thoughts and depressogenic symptomatology (Tedeschi & Calhoun, 2004a). However in Tedeschi and Calhoun's model, rumination is also used to describe positive reframing of the event, and thinking through problems and difficulties (Tedeschi & Calhoun, 2003). This is a more deliberate process, and occurs once the survivor has struggled to come to terms with, and control, the initial intrusive rumination. The adaptive influence of social support is thought to be due to the ability of the survivor to express their ruminative thoughts with a supportive other (Calhoun & Tedeschi, 1998a; Tedeschi & Calhoun, 2003, 2004b). The deliberate rumination stage is thought to occur through the survivor's struggle to construct meaning surrounding the event, both to understand the event itself, and to understand the significance of the event as a turning point in their life (Nolen-Hoeksema & Davis, 2002; Tedeschi & Calhoun, 2003). The rumination phase is another example of the process of PTG as opposed to the outcomes of growth. Making meaning, or rumination, is an important aspect of any model of coping, which is often referred to as the ability to make sense of a stressful experience and act in accordance with that appraisal (Park & Folkman, 1997). Therefore the rumination stage of the PTG process incorporates the notions of coping described in other literature. The process of rumination and the construction of meaning allows the person to let go of the previously held assumptions they had of their life, and to construct new ideals, goals, and beliefs according to these newly formed assumptions.

The above discussion highlights the process of PTG as cognitive restructuring of pre-existing schemas. The conceptual end point of this restructuring journey is the development of growth outcomes. Again, it is important to acknowledge that the PTG model does not emphasise these growth outcomes, but that these can occur as a result of the process of PTG, which includes coping and rumination. Coping may be seen as part of the journey by which a trauma survivor is able to perceive growth outcomes, however it is also important to note that coping in and of itself does not equate to PTG. Posttraumatic Growth is best viewed as a model of the *process* of adaptation, which may result in growth *outcomes*. The five domains that were extracted as factors in the development of the Posttraumatic Growth Inventory (PTGI) are 1) Appreciation of life; 2) Relating to others; 3) Personal strength; 4) New possibilities; and 5) Spiritual change (Tedeschi & Calhoun, 1996, p. 460). Tedeschi and Calhoun have also proposed that wisdom is an important outcome of the trauma adaptation journey that appears outside the positive cognitive and emotional changes represented by these five factors. In keeping with the salutogenic paradigm, the PTG model also includes the enduring distress that many face in the aftermath of their experience as a potential outcome, despite the development of growth outcomes (Tedeschi & Calhoun, 2004a). The adverse outcomes of the post-trauma journey are proposed to occur in conjunction with positive outcomes, rather than as opposites on a distress/health continuum.

Universalising trauma constructs. Western assumptions about the nature of the post-trauma journey have been largely universalised, with an emphasis on the psycho-social rehabilitation of survivors of war dominating

many humanitarian aid programs (Kienzler, 2008). Both PTSD and PTG have been found in cultures across the world, however both quantitative and qualitative research has demonstrated cross-cultural differences in the expression and/or factor structure of these constructs, and in the relative significance of their associated facets (de Jong et al., 2001; Fox & Tang, 2000; Goodman, 2004; Ho, Chan, & Ho, 2004; Maercker & Zoellner, 2004; Peltzer, 2000; Pham, Weinstein, & Longman, 2004; Schweitzer, Greenslade, & Kagee, 2007; Schweitzer, Melville, Steel, & Lachareaz, 2006; Tilbury & Rapley, 2004). The perception that trauma causes long term adverse effects is wide-spread and coincides with the belief that those who have experienced trauma require professional support utilising early or secondary trauma intervention strategies, such as debriefing, cognitive behaviour therapy (CBT), or eye movement desensitisation and reprocessing (EMDR), in order to reduce the risk of developing PTSD (Bracken, Giller, & Summerfield, 1997; Forbes, Creamer, Phelps, Bryant et al., 2007; Litz, Gray, Bryant, & Adler, 2002; McNally, Bryant, & Ehlers, 2003; Wilson, Raphael, Meldrum, Bedosky, & Sigman, 2000). However the efficacy of some early interventions, particularly debriefing, has been challenged in recent years (Gist & Devilly, 2002; Litz et al., 2002; McNally et al., 2003). Furthermore, the application of constructs of posttraumatic distress to survivors of war-time violence and the subsequent use of Western style counselling services in refugee populations has been regarded as possibly damaging to their existing support structures (Bracken, 2001; Bracken et al., 1997; Gist & Devilly, 2002; Kienzler, 2008; McNally et al., 2003; Summerfield, 2001).

To view concepts such as PTSD and PTG through the lens of Western psychology is to ignore the impact of culture upon human experience, and the uniqueness of cultural expression (Nordanger, 2007; Stamm & Friedman, 2000). The section below offers a critique of the application of trauma concepts to refugee populations, and argues that in order to provide culturally appropriate mental health care to Sudanese, Liberian, and Sierra Leonean Australians, it is necessary to understand the experience of trauma from their perspectives.

2.2 The Applicability of Western Constructs in Non-Western Populations

2.2.1 PTSD – A Product of Western Culture?

Western mental health professionals and researchers suggest that the intrusion and avoidance clusters of PTSD demonstrate the survivors' endeavour to construct meaning from the event (Janoff-Bulman, 1992; Kienzler, 2008; Kreitler & Kreitler, 1988). As proposed by Janoff-Bulman (1992), cognitive theorists believe trauma shatters the existing models that shape the perception of one's reality, and therefore leads to the disruption of systems of constructing meaning from experience (making meaning). Due to this cognitive incongruity, the survivor's stress response leads to the revision of these schemas, and therefore the traumatic experience remains a prominent feature of working memory, thus leading to intrusive symptoms and the concurrent attempt at the avoidance of these memories (Bracken, 2001; Kreitler & Kreitler, 1988). Similarly, as discussed above, PTG outcomes are thought to develop as a result of deliberate rumination in which the survivor

attempts to make meaning of their experience (Nolen-Hoeksema & Davis, 2002; Tedeschi & Calhoun, 2003).

However, the proposed assumptions that the world is benevolent, the world is meaningful, and the self is worthy, are socially constructed. Each person's fundamental assumptions are not objective truths about the world, but how they perceive the world to be due to interaction with their social environment (Tennen & Affleck, 1998). If intrusion and avoidance symptoms within the diagnosis of PTSD, and the rumination aspects of PTG, are related to meaning making, culture must be considered, as the meanings one ascribes to events are shaped by the social, historical, and cultural context in which they have developed their cognitive schemas (Kienzler, 2008). It is therefore conceivable that due to differences in social and historical experience, and in cultural norms and values, the three assumptions Janoff-Bulman proposed are unique to the Western understanding of the world, rather than being universal in nature. Thus, the current understanding of traumatic distress, and of PTG, may also be unique to Western culture.

Furthermore, cognitive psychologists propose that the search for meaning after an experience of trauma is centred in the mind of the individual. That is, in keeping with psychology's traditional individually centred focus, trauma intervention strategies deal largely with the meaning making systems of the individual, and ameliorating the distress experienced by that individual (Bracken, 2001; Summerfield, 1997a, 2000). Early professional assistance is proposed to support the survivor in coming to terms with the event, understand the experience, and to begin to integrate the experience as a meaningful part of their life (Foa, Keane, Friedman, & Cohen, 2009; Forbes,

Creamer, Phelps, Bryant et al., 2007; Forbes, Creamer, Phelps, Couineau et al., 2007; Kreitler & Kreitler, 1988). The influence of social and cultural factors on the tendency to make meaning of trauma has not previously been examined to any significant extent.

Bracken (2001) argues that PTSD, its assessment, and its treatment are therefore products of Western culture. The imperative to make one's life meaningful, the egocentric nature of diagnosis, intervention, and treatment, and the relative popularity of PTSD and trauma discourse in the general community, are all resultant of the positivist, individualist, and post-modernist Western culture. Bracken argues that PTSD is therefore the combination of trauma and Western culture interacting to produce a particular cluster of symptoms emerging. Similarly, the development of PTG outcomes may also be the product of the post-modern, individualised, Western quest for a meaningful existence. By applying Western constructs to non-Western cultures, we are inappropriately assuming the universality not only of those constructs, but also the dominance of Western culture, and its commensurate values and ideals, over all other perspectives.

2.2.2 Applying Western Constructs to Refugee Populations

Refugees and Western therapeutic intervention. Refugees are often said to be particularly vulnerable to developing PTSD, and generally have been labelled as 'traumatised', 'emotionally scarred', or 'psychologically damaged' (Pupavac, 2002). The general consensus of Western mental health professionals, humanitarian aide agencies, media, and the general public, is that refugee populations are therefore in need of mass psycho-social

intervention (Pupavac, 2002). As evidenced by the trend in sending teams of Western mental health professionals to administer 'psychological first aid' in disaster areas, humanitarian aid agencies often judge symptoms of trauma to be best treated by Western mental health intervention strategies (e.g., Asia Australia Mental Health sponsored by AusAID, and US organisation Psychology Beyond Borders sponsored by the UNHCR). This is despite there being little evidence that these strategies are effective within non-Western settings (Almedom & Summerfield, 2004; Kienzler, 2008; Pupavac, 2002; Summerfield, 2000) or for survivors of mass trauma (Hobfoll et al., 2007).

Despite the perception that refugees are the most in need of psychological assistance, they are unlikely to access these services (Almedom & Summerfield, 2004; Kienzler, 2008; Pupavac, 2002). This is often perceived by Western mental health professionals as largely due to linguistic or cultural barriers to accessing these services (Bracken et al., 1997), however the idea of debriefing or individual psycho-social therapy is, quite literally, a foreign concept to many members of non-Western cultures (Almedom & Summerfield, 2004; McNally et al., 2003; Summerfield, 1997b). Whilst the divide between Western and non-Western cultures is complex, with not all members of a non-Western society necessarily subscribing to cultural beliefs that are incompatible with Western ideology, it is nevertheless important to consider cultural variations when applying intervention strategies en masse to trauma survivors. Each culture has its own norms for help seeking, both in the nature of the help they seek, and the source from which they expect to receive this help (Summerfield, 1997b). Therefore, lack of access may in fact reflect

the cultural inappropriateness of Western forms and mechanisms of intervention.

For example, it has been proposed that the individual focus of Western psychology is a reflection of the egocentric nature of Western culture, and does not reflect the values or experience of the majority of people from many non-Western cultures (Bracken, 2001; Summerfield, 1997a). The majority of the world's refugees come from collectivistic nations, in which the focus is on social and community connections, rather than on the individual psyche (see Chapter Three). In addition, war trauma has an inherently collective focus, including the breakdown of familial and community networks (Bracken, 2001; Summerfield, 1997a, 2000). It may be the loss of these networks that is more distressing than individual trauma (Summerfield, 1997a). Furthermore, many former refugees state that pre-migration experiences often targeted in therapeutic interventions are in fact not as distressing as the other experiences they have faced along their refugee journey (Sweeney, 2008; Tilbury & Rapley, 2004). For example, Almedom and Summerfield (2004) argue that the suffering of poverty and malnutrition is no less traumatic than war, however it is the distress caused by the latter that is the focus of international aide campaigns. Therefore, the post World War II focus of Western psychology on providing therapy to individuals may not target key aspects of the war-trauma experience. Rather, intervention may be better targeted toward social reconnection, practical assistance, and community development (Summerfield, 1997a, 1997b, 1998; Westoby, 2009).

Acknowledging strengths and local perspectives. In addition to the focus on individualised interventions, the Western preoccupation with

pathology singles former refugees out as an inherently traumatised group, and can therefore ignore or even deny their potential for resilience and growth (Almedom & Summerfield, 2004; Pupavac, 2002; Watters, 2001). The construal of whole populations as 'traumatised' creates an assumption that all members of that population are therefore dysfunctional, and places them at risk of further marginalisation (Kienzler, 2008). Extreme distress after war related trauma can be conceived of as a normal reaction to a fundamentally abnormal situation, therefore a focus on the adaptive capacity of these communities may be more beneficial in ameliorating this distress (Almedom & Summerfield, 2004; Kienzler, 2008; Pupavac, 2002; Summerfield, 1997a, 1997b; Tilbury & Rapley, 2004; Westoby, 2009). Moreover, a large proportion of people from cultures that value determinism, fate, and religion or spirituality may not perceive suffering as psychologically damaging, and may not agree with the need to provide psycho-social intervention for this suffering (Almedom & Summerfield, 2004).

The focus on Western intervention techniques largely ignores local therapy strategies, with humanitarian aid agencies suggesting local professionals be trained in psychological first aid and core psychological skills, and supervised by those experienced in these techniques (Kienzler, 2008; Pupavac, 2002; Westoby, 2009; Westoby & Ingamells, 2009). Kienzler states that many indigenous coping strategies have been misidentified as dysfunctional, leading to misdiagnosis of adaptive mechanisms as PTSD symptomatology. For example, the re-experiencing of trauma through dreams may be a reason to seek help for one person, unimportant to another, and a message from ancestors for a third leading to their positive adaptation

(Summerfield, 1997a, 2000). This pathologising of potentially adaptive and/or normal responses to extreme conditions can lead to whole communities feeling disempowered (Almedom & Summerfield, 2004; Pupavac, 2002; Westoby, 2009).

It has been argued that the imposition of Western psychological constructs to the negation of local coping mechanisms and the ability of local professionals to support members of their communities is perpetuating cultural imperialism (Pupavac, 2002; Summerfield, 1997a; Westoby, 2009; Westoby & Ingamells, 2009). That is, by universalising PTSD and the assessment and treatment of it using the dominant Western paradigms of positivism and pathology, mental health professionals are assigning themselves the role of protector of the world's refugees and their only weapon against dysfunction due to trauma. The refugee population has been largely characterised as a 'special needs' group, and that only those with special expertise in working with this population are qualified to provide assistance (Bracken et al., 1997; Westwood & Lawrance, 1990). In a group that commonly faces discrimination and disempowerment from Western organisations, any focus on the special nature of these cases can serve to further increase the sense of otherness many former refugees feel. In addition, this can result in the creation of a niche for mental health professionals who work with refugee populations, and the creation of further barriers between mainstream services and clients from refugee backgrounds. Whilst unintentional, this can lead to feelings of marginalisation in the migrant community, and to their continued social exclusion.

What may therefore be more beneficial to humanitarian entrants to Australia is the mainstreaming of culturally appropriate care, and the acknowledgement of indigenous coping methods. Western mental health professionals have a responsibility to ensure all voices and visions are heard, rather than imposing constructions that have little relevance to non-Western populations upon them (Bracken, 2001). The investigations presented in this thesis were designed to listen to those voices, in order to understand the experience of trauma from the perspectives of Sudanese, Liberian, and Sierra Leonean Australians without imposing pre-existing models of the experience upon their stories. Due to this aim, the current study is embedded within the Cultural Constructionist paradigm. Section 2.3 below discusses this paradigm and its relevance to the current research.

2.3 Epistemological Underpinnings

2.3.1 Positivism in Psychological Research

As well as its historical focus on pathology, psychology has a history of favouring positivism as its preferred ontological and epistemological basis. Positivism is based on the premise that there is an objective reality that one can measure truly and accurately (Denzin & Lincoln, 2000; Langdridge, 2004; Maykut & Morehouse, 1994). In the positivist paradigm, therefore, the extent of human knowledge is perceived as reflective of this reality (Weber, 2004). Positivism holds that the phenomena under investigation in any given study may be validly and reliably measured in an unbiased, purely objective manner (Langdridge, 2004; Weber, 2004). Proponents of positivism are therefore often dismissive of research that entails any level of subjectivity.

The major criticism of positivism, however, has been that, as social beings, humans are active agents in creating meaning through lived experience, for example, through our differing cultural points of view (Gergen, 1985, 1997; Langdridge, 2004). That is, humans are inherently interpretivist beings. This argument is fundamental to the critique of the applicability of Western constructs in non-Western populations as discussed in section 2.2 above, for example, that cultural background may make different aspects of the trauma journey more (or less) significant for some people, or that what is maladaptive in one culture or situation, may be adaptive in another. Proponents of the interpretivist paradigm assert that the objectivity positivist researchers strive for is impossible as ‘truth’ is interpreted by human agents, and as such, must always be subjective (Langdridge, 2004).

In the section above, the universality of existing constructs such as PTSD and PTG were challenged, and it was suggested that research and practice would benefit from eliciting the culturally constructed realities of survivors of trauma. Therefore, the traditional positivist paradigm of psychology was regarded as inappropriate for the current investigation. The research was instead situated within a Cultural Constructionist paradigm. This paradigm and its applicability to the current research are detailed below.

2.3.2 Cultural Constructionism

Cultural Constructionism is based in Social Constructionism (Gergen, 1997). Social Constructionism has philosophical roots in the phenomenological writings of philosophers such as Kant, Nietzsche and Spinoza, but its framework for research within the psychological field is best

described in works by Gergen (1985, 1997, 2003) who developed the idea particularly for the psychological science. Unlike the exogenic notions of reality historically favoured by Western psychology, Cultural Constructionism has an endogenic perspective (Gergen, 1985). Essentially what this means is that reality is not seen as something that exists 'out there' in any tangible or objective form. Instead it is contended that reality is something that is constructed in reciprocal interactions with the people in one's community, and will differ from one community to the next (Bracken, 2001; Gergen, 1985, 2003). Therefore, the study of any human behaviour must take into account cultural context as an important precursor to the construction of psychological knowledge.

There can be no culturally constructed account of reality that can be taken to be more 'real' than any other account of reality (Gergen, 1997). The investigation of culturally constructed knowledge or experience should therefore be the comparison of one perspective and another equally valid culturally constructed perspective. This is reflected in the current thesis by both the valuing of traditional western psychology and established constructs within the trauma research field, and the qualitative 'ground-up' approach that is taken in the analysis in order to establish the experience of trauma from the perspectives of the participants. The perspectives of all three cultural groups are respected as equally informative for the community they represent, and no one experience is held in higher regard than any other.

Experiencing psychological phenomena from the cultural and historical perspective of Western psychology means that we often tend to ignore the equally real accounts of the same psychological phenomena when

presented to us within another culture (Gergen, 1985; Summerfield, 1997a).

The imposition of the ideals of psychological theory or practice of the dominant culture onto members of a minority group, such as people from refugee backgrounds, without taking into account the culturally constructed reality of that group, has the potential to be more damaging than helpful (Gergen, 1997; Pupavac, 2002; Summerfield, 2000; Westoby & Ingamells, 2009). A trauma response that differs from that which Western mental health professionals are accustomed to should not be seen as pathological or abnormal, but rather one that must be understood within the context of the culture of the trauma survivor in order to construct a culturally responsive psychology.

By being effectively embedded in the Cultural Constructionist paradigm, a researcher will be able to generate new ways of understanding trauma within a multicultural context, and therefore promote the development of new systems of support and social action, or to modify existing approaches (Gergen, 1997). Therefore the Cultural Constructionist paradigm was deemed the most appropriate epistemological paradigm for the current investigations in their aim to promote a rich and robust understanding of the experience of trauma from the perspectives of multiple groups, and to inform the development of culturally appropriate mental health support for Australia's Humanitarian entrants from Sudan, Sierra Leone, and Liberia.

2.4 Summary

In summary, the study of psychology has traditionally focussed on the pathological, and research has been conducted utilising a predominantly

positivist paradigm. The study of PTSD dominates the trauma literature, and only recently have research efforts begun to acknowledge the salutogenic nature of the trauma experience. PTG has been examined and presented as arguably the most comprehensive model of salutogenic response in trauma survivors. PTSD in particular has been largely universalised, however in their model of PTG, Calhoun and Tedeschi have highlighted the significance of social and cultural factors in the sequelae of traumatic experience. To view PTSD and PTG solely through Western psychological understandings ignores this impact of culture.

The Western understanding that trauma impacts upon one's systems of making meaning, and that PTSD and PTG are responses to the struggle to recreate meaning may simply reflect inherently Western processes. Similarly the focus on individualised interventions and therapies ignores the cultural expression of self and identity in non-Western cultures. There is little evidence that these strategies work within refugee populations. To continue to impose Western constructions of trauma and intervention on non-Western populations is to perpetuate cultural imperialism. Instead we must understand trauma and effective intervention strategies from the local perspective. Similarly, to continue to view former refugees as damaged and dysfunctional forces an image of helplessness upon this population, and ignores their strengths and coping resources. In keeping with the salutogenic paradigm, these strengths must be recognised and utilised in support services.

Finally, Chapter Two argued that in order to understand the experience of trauma from the perspectives of Sudanese, Sierra Leonean, and Liberian Humanitarian entrants to Australia, a Cultural Constructionist epistemology is

most appropriate. In order to apply this epistemology to this research, it is necessary to first discuss the cultural variables that may impact upon the experience of trauma. Therefore Chapter Three will now discuss the extant literature on refugee trauma, and give an overview of research into culture and its impact on psychological processes.

Chapter Three

Refugee Trauma and the Influence of Culture

*“My pacifism is not based on any intellectual theory but
on a deep antipathy to every form of cruelty and hatred.”*

- Albert Einstein

Chapter Two outlined the Western understanding of trauma and the current salutogenic models that are being developed that take into account a holistic understanding of the trauma adaptation journey. However, as was argued in Chapter Two, Western discourse on trauma, whether pathogenic or salutogenic, should be applied only to populations in which they have been found to have validity. To apply these models en masse to non-Western populations is to ignore the potentially different culturally constructed realities of clients from diverse backgrounds. However, as Kagee (2005) argues, despite the limitations of applying Western understandings of trauma and posttraumatic distress to former refugee populations it is nevertheless important to recognise that former refugees have experienced atrocities such that some level of distress may be assumed. Therefore to dismiss all attempts at understanding the unique cultural expression of this distress may be equally detrimental to the mental health of Humanitarian Entrants to Australia.

Therefore Chapter Three highlights the experiences former refugees from Sudan, Sierra Leone, and Liberia have survived that may result in posttraumatic distress. It then provides an overview of previous research that has used the dominant psychological paradigm to suggest former refugee cohorts have an increased risk of PTSD symptomatology. It then outlines the

influence proximate and distal culture may have on the experience of trauma, and concludes that in order to provide culturally appropriate mental health care to clients of a diverse range of backgrounds, their culturally constructed realities must be taken into account. This leads to the research aims of the current investigation.

3.1 Refugee Trauma: A Western Perspective

3.1.1 Life for a refugee

As was described in Chapter One, the definition of a refugee is one who:

“owing to a well-founded fear of being persecuted for reasons of race, religion, nationality, membership of a particular social group or political opinion, is outside the country of his nationality and is unable, or owing to such fear, is unwilling to avail himself of the protection of that country” (UNHCR, 2007)

This definition highlights the fact that those who have resettled in Australia from refugee situations have experienced human rights violations in their home country to the extent that they are unable to return. Therefore Humanitarian entrants to Australia have, by definition, experienced what mental health professionals in the West would term ‘trauma’. The following section details the traumatic experiences Sudanese, Liberian, and Sierra Leonean migrants to Australia have faced, not only in their lives as refugees pre-migration and whilst in refugee camps, but also the difficulties they encounter upon their resettlement in Australia.

Pre-migration. Perhaps the most graphic and publicised of the traumatic events former refugees experience are those they have faced during periods of protracted civil conflict. These experiences can all impact upon feelings of safety, security, and trust in authority, and result in loss, bereavement, fear, isolation, and severe distress. In Sudan, rebel and government troops alike routinely violate the human rights of civilians, robbing them of resources, conscripting them into the armed forces, and raiding villages. Rebel groups have been accused of contributing to famine by diverting food aid, and burning houses and crops (UNHCR, 2000). Violations of religious freedom by the Islamic government are prolific, with the demolition of Christian churches, violence towards and harassment of Christian civilians, discrimination, and the mass executions of student demonstrators (UNHCR, 2000). Arbitrary detention and torture of suspected rebel or government collaborators is common, and women and children are often enslaved by rebel forces. In a study of 63 Sudanese Humanitarian Entrants in Queensland, Australia, 85.7% had faced forced separation from their loved ones, 68.3% had witnessed or learned of the murder of loved ones, 30.2% had been close to death and 11.1% had been raped or sexually abused (Schweitzer et al., 2006).

The West African rebel groups in Sierra Leone and Liberia have been described as some of the most brutal in history (DIaC, 2007a, 2007b). Theft, looting, raiding and burning of villages and homes, rape, and sexual slavery are all common experiences of refugees from these areas (Kamara, 2003; UNHCR, 1994, 1998). Like refugees from the Sudanese conflict, many have witnessed their family and friends being murdered, and have experienced

arbitrary and prolonged detention, abduction, and torture (DlaC, 2007a; UNHCR, 1994, 1998). Several massacres have been staged during the Liberian and Sierra Leonean civil conflicts, often targeting civilian areas such as hospitals (Kamara, 2003). In Sierra Leone the RUF is particularly brutal, with torture techniques including the mutilation or amputation of limbs, beheadings, the branding of civilians by carving or burning the RUF logo into their flesh, and the disembowelment of pregnant women (UNHCR, 1998).

In a study of 55 Sierra Leonean refugees in a Gambian refugee camp, 82% had experienced forced separation from loved ones, 62% had been close to death, and 55% had witnessed or learned of the murder of loved ones (Fox & Tang, 2000). In a study of West African refugees, that included Liberian and Sierra Leonean nationals, 85.8% had experienced physical abuse, 27.8% had experienced rape or sexual assault, and substantial numbers had experienced torture techniques such as degradation, burning of flesh, electric shock, asphyxiation, and amputation or mutilation (Rasmussen, Smith, & Keller, 2007). An estimated 35 – 50% of all refugees have experienced some level of torture (Gorman, 2001).

En route. Alongside the horrific experiences people face whilst their country is in civil conflict, refugees are forced to flee their homes for fear of, or having actually experienced, persecution. The decision to leave is often an unplanned one, and refugees therefore often leave with nothing, are not able to say goodbye to loved ones, and have no means of transport (RCoA, 2006). People who have resettled in Australia from Sudan, Liberia and Sierra Leone tell of the weeks and months they spent walking from their home to a refugee camp in a country many miles away. It is only the strong who are able to

reach a camp or UN agency and attain their refugee status. Internally Displaced Persons en route to a country of asylum are often mistaken for rebel collaborators, and are arbitrarily detained, tortured, and may be executed (Kamara, 2003).

Refugee camps are intended to be places of refuge in which personal safety and fundamental human rights are ensured, and where an asylum seeker can have access to basic clean water, food, education and healthcare (da Costa, 2006). The reality, however, is quite different. Water is often scarce in refugee camps, food is limited and aid often delayed or intercepted, shelter is crude and unsanitary, and limited resources make the possibility of education and adequate healthcare rare. Malnutrition and disease are epidemic within these conditions (DIAc, 2007a, 2007c, 2007d). These conditions only serve to exacerbate the loss of safety, security, and control over one's

Due to poverty women often resort to prostitution or unwanted marriage in order to survive, and are subject to exploitation. Rape, sexual assault and gender related violence is rife (da Costa, 2006; DIAc, 2007d). Racism from the local population and within the camp itself often leads to violence. Violence is also perpetrated due to poverty, and armed forces from outside stage raids in some camps (da Costa, 2006; DIAc, 2007d; Shakespeare-Finch & Wickham, 2009). A lack of willingness, and often resources, on the part of host governments to police refugee camps, and the limited capacity of UNHCR staff to monitor camp conditions allows this situation to continue (da Costa, 2006). In addition to these experiences of poverty, illness and continued human rights abuse, refugees have uncertain political and legal status, leading to instability and limited employment

opportunities (da Costa, 2006; Shakespeare-Finch & Wickham, 2009). This perpetuates a cycle of dependency and can lead to a diminished capacity for autonomy, and sense of identity (Mackenzie, McDowell, & Pittaway, 2007). All of these challenges add increasing distress to the traumatic experience.

Post-migration. Despite their arrival in a country of relative peace and safety, former refugees are faced with significant challenges to resettlement, many of which exacerbate psychological distress as a result of pre-migration and en route experiences. Whilst the extensive literature on acculturation and the related acculturation stress is beyond the scope of this thesis, the following post-migration crises contribute to these processes. Employment is often difficult to obtain due to language and cultural barriers, and racial discrimination, resulting in low socio-economic status for many Humanitarian migrants (Flanagan, 2007; Sweeney, 2008; Tilbury & Rapley, 2004). Qualifications and skills acquired in the countries from which many of Australia's Humanitarian migrant population arrive are commonly disregarded by Australian employers and tertiary institutions, causing a great deal of stress and anxiety for many people, and contributing to acculturation stress (Flanagan, 2007; Sweeney, 2008; Tilbury & Rapley, 2004). Continued education is extremely important for many former refugees (Tilbury & Rapley, 2004), however they often face difficulties adjusting to the Australian system of education, along with language and literacy difficulties (Flanagan, 2007). Access to affordable housing, health care, child care and transport are all additional challenges to resettlement (Flanagan, 2007). Many of these challenges are exacerbated by previous torture and trauma experiences, which

can lead to impaired concentration and attention, and a distrust of bureaucracy and authorities (Flanagan, 2007; Tilbury & Rapley, 2004).

Along with these challenges to resettlement, Humanitarian Migrants also often experience additional distress due to post-migration crises. The most significant post-migration crises reported in the literature are family separation, marginalisation and discrimination (Schweitzer et al., 2006; Sweeney, 2008; Tilbury & Rapley, 2004). Schweitzer et al. found that separation from loved ones left behind in Africa was the highest contributor to depressive symptomatology in a sample of Sudanese migrants. Similarly, Tilbury and Rapley report that family separation was the most commonly reported precursor to anxiety in their sample of African women. Australia provides a limited family reunion program with its Special Humanitarian Program (SHP), however the fees are large, families arriving under the SHP do not receive the support given to former refugees, and the Australian cultural construction of 'family' is vastly different to many African people (Flanagan, 2007). Thus, family separation is a factor that continues to cause distress amongst the former refugee population.

Resettlement in Australia is advertised to refugees as a chance to rebuild lives and exist in peace and safety. However, for the majority of Humanitarian migrants, this experience is marred by discrimination, overt racism, and ignorance in the mainstream population of refugee issues (Flanagan, 2007; Sweeney, 2008; Tilbury & Rapley, 2004). Discrimination due to cultural and linguistic diversity often limits the employment opportunities of former refugees, perpetuating their low socio-economic status, limiting opportunities to develop an understanding of the cultural

norms of their host country, and preventing the formation of new social networks (Flanagan, 2007). A majority of African migrants are marginalised because of their high visibility in a white-dominated state such as Tasmania, and are often subjected to the overtly racist comments of a significant proportion of white youth (Shakespeare-Finch & Wickham, 2009). Qualitative research conducted by Flanagan in 2007 demonstrated that a number of African people had been subject to racial taunts regarding the colour of their skin, and were often told to go back to their home countries (Flanagan, 2007). They also commonly had objects thrown at them from moving cars and at times this extended into more violent assault. This is in part due to the ignorance of mainstream Australians as to the situation of refugees, and the stereotyping that ensues (Flanagan, 2007; Sweeney, 2008). It is important to point out that acculturation is a two way process, with adaptation being necessary on the part of the host country as well as the migrant. In her research investigating settlement experiences for Sierra Leonean migrants, Sweeney relates the surprise many people felt when Tasmanians did not know where Sierra Leone is, and that they assumed all refugees were impoverished, uneducated, and ignorant of Western society. In facing ignorance, discrimination and racism, many African migrants may feel they have not escaped the persecution of their former homes, and continue to live in fear. This fear contributes to their continued distress, depression and anxiety (Schweitzer et al., 2006).

3.1.2 Background Research on Trauma in Refugee/Former Refugee

Populations

As has been outlined in the previous section, the traumatic experiences of former refugees from Sudan, Liberia, and Sierra Leone are many, and the individual survivor of war faces significant challenges in their flight from their home, and in their resettlement in Australia. Distress outcomes of the traumatic experience that are often stated to be specific, or particularly pertinent, to the refugee experience include: Disruption to relationships with friends, family, religious networks and cultural systems; anxiety and helplessness; grief and depression; loss of trust; and altered view of the future (Aristotle, 1999; Davidson, Murray, & Schweitzer, 2008; Halcon et al., 2004; Jaranson et al., 2004; Murray et al., 2008). It has been suggested that due to their experiences of trauma and resultant distress, all refugees experience some degree of PTSD symptomatology (Roncovic-Grzeta, Franciskovic, Moro, & Kastelan, 2001).

Whilst the use of PTSD terminology has been criticised in the above discussion, PTSD symptomatology has been found in trauma survivors from many and varied cultures, and it is thought to be universal in nature (Schnurr et al., 2002). Indeed refugee populations from nations such as Cambodia, Palestine, Sri Lanka (Tamil), Ethiopia (Oromo), Algeria, West Africa, Rwanda, and Sudan have all displayed elevated rates of PTSD when compared to prevalence rates in Western nations (de Jong et al., 2001; Fox & Tang, 2000; Jaranson et al., 2004; McCall & Resick, 2003; Murray et al., 2008; Pham et al., 2004; Rasmussen et al., 2007; Schweitzer et al., 2006). For example, a study by Schweitzer et al. (2006) of 63 Sudanese humanitarian

entrants in Australia found that 13% met all three diagnostic criteria for PTSD, as measured by the Harvard Trauma Questionnaire (HTQ). The prevalence of PTSD in Humanitarian entrants to Australia of West African backgrounds has not been investigated, however in a study by Fox and Tang (2000), the prevalence of PTSD in a sample of 55 Sierra Leonean refugees who were residing in a refugee camp in the Gambia was found to be 49.1%. Fox and Tang also used the HTQ with a cut off score for PTSD of 2.5. The difference in rates of PTSD in these two studies can be explained by the differences in their samples, with research demonstrating that those who have not yet been resettled have higher PTSD rates (Murray et al., 2008), however with such wide ranges the diagnosis may not be useful for service providers.

Interestingly, 71% of Schweitzer et al.'s (2006) Sudanese-Australian sample stated that they had deliberately avoided recollections of their experiences. An avoidant style of coping is found in many non-Western cultures. For example, McCall and Resick (2003) investigated the expression of PTSD symptomatology in a sample of 20 Kalahari Bushmen and found that 35% met the criteria. However, of those who did not meet the cut off for all three criteria, many did meet the criteria for the Re-experiencing and Arousal criteria. Upon further analysis, McCall and Resick found that 75% of participants agreed with the item "actually trying not to think about, talk about, or have feelings about [the experience]", however rated the other avoidance related items too low for diagnosis.

Similarly, Rasmussen et al. (2007) found that whilst endorsement of the avoidance criteria of PTSD was relatively low in their sample of West and Central African refugees who had been resettled in the US, the purposeful

aspect was high. Endorsement of the numbing symptoms ranged from 13% to 39%, whilst 64% endorsed the item referring to deliberate avoidance of thoughts or feelings associated with the event, and 67% endorsed the item referring to deliberate avoidance of activities associated with the event. This may suggest that some African cultures sanction the purposeful suppression of trauma related recollections, and endorse avoidant coping styles, and suggests that the avoidance criteria of the DSM-IV-TR diagnostic category of PTSD may be significantly impacted upon by culture.

Despite the focus on the pathological outcomes of the experience of trauma for refugee populations, refugee research may be skewed toward those who are resilient or, if assessed after time in Australia, who have adapted. Though the prevalence rates for PTSD in former refugee samples are relatively higher than the Australian mainstream, these rates still suggest that the majority of former refugees are resilient (Schweitzer et al., 2006). Despite this, there is a dearth of research on the indigenous coping skills of African peoples, and whether African refugee populations experience PTG is yet to be discovered. Research that has been conducted with former refugees of African backgrounds living in Australia and the US shows that coping mechanisms include support mechanisms, hope, religion, and personal strength (Goodman, 2004; Kline & Mone, 2003; Schweitzer et al., 2007; Schweitzer et al., 2006). Religion appears to be a particularly important coping mechanism, and suppression of their ability to practice their religion has been found to increase the risk of psychological distress in survivors of torture (Jaranson et al., 2004).

Whilst there are ostensible similarities in symptoms of distress in this diverse range of cultural contexts, this research has predominantly relied upon

Western measures and assessment of PTSD. As Chapter Two suggested, this ignores the unique contribution of culture in the construction of traumatic experience. It has been acknowledged that further research into the coping skills of former refugees, and their psychological adaptation to potentially traumatic events, is warranted (Eisenbruch, de Jong, & de Put, 2004; Goodman, 2004; Halcon et al., 2004; Kienzler, 2008; Pupavac, 2002; Schweitzer et al., 2007). The strengths that former refugees from Sudan, Liberia, and Sierra Leone display are therefore an integral component of the current research. Section 3.2 below describes a model of culture based upon Bronfenbrenner's Human Ecological Model of Development and suggests that systems of culture may influence the experience of life crises.

3.2 Culture

3.2.1 Bronfenbrenner's Human Ecological Model of Development

Within their PTG research, Tedeschi and Calhoun (2004b, p. 41) use the term 'culture' to refer to "the behaviour an individual acquires as part of their membership in a social group". 'Culture' can be used to describe two different networks that exert an influence on the individual: Proximate and distal culture (Calhoun & Tedeschi, 2006). Calhoun and Tedeschi take this perspective on culture from the developmental works of Bronfenbrenner (1979), namely the Human-Ecological perspective. Bronfenbrenner's theory is based on a series of interlinked systems that influence an individual's development, similar to the proximate and distal culture of the PTG model.

The Human-Ecological perspective is defined by Bronfenbrenner (1979, p. 21) as:

“the scientific study of the progressive, mutual accommodation between an active, growing human being and the changing properties of the immediate settings in which the developing person lives, as this process is affected by relations between these settings and by the larger contexts in which the settings are embedded”

It is effective to think of the Human-Ecological model of development as a series of Babushka dolls. Bronfenbrenner proposes that the individual is situated in the centre of the model, and is influenced by increasing levels of context. The immediate context in which the individual is situated is the Microsystem. This system is referred to by Calhoun and Tedeschi (2006) as the individual’s Proximate culture. Both the individual and their Proximate culture are then situated within the Macrosystem, or Distal culture. This larger contextual system influences not only the individual, but also the people that make up their proximate cultural group, thus creating a flow-on effect to the individual (Bronfenbrenner, 1979; Calhoun & Tedeschi, 2006). The sections below define each of these groups and highlight the effect that contextual system may have on the individual’s experience of life crises.

3.2.2 Proximate Culture

The microsystem of the Human-Ecological model is the theoretical basis for the proximate cultural system (Calhoun & Tedeschi, 2006).

Bronfenbrenner (2001, p. 6965) refers to the microsystem as “reciprocal interaction between an active, evolving bio-psychological human organism and the persons, objects, and symbols in its immediate external environment”.

It is otherwise conceptualised as corresponding to an individual’s primary

reference groups (Tedeschi & Calhoun, 2004b) or the group the individual identifies with (Calhoun & Tedeschi, 2006). In line with the Cultural Constructionist ontology, proximate culture is conceived of as a constructive process, where the components of the setting are experienced and perceived by the individual in a subjective manner (Bronfenbrenner, 2001). Examples of proximate culture settings may be family (both immediate and extended), friendship networks, church groups, and neighbourhoods or communities.

Proximate culture influences the individual's behaviour through a process of active engagement and interpretation, that inspires the individual to act in a way that is encouraged, endorsed and directed by the setting (Bronfenbrenner, 1979; Calhoun & Tedeschi, 2006). In research to date, proximate culture has been shown to assist the individual in their post-traumatic recovery through emotional support, reassurance (Moos, 1986), providing modelling of growth (Weiss, 2004), engaging in positive coping strategies and redefining the event positively (Schafer & Moos, 1998), reactions to rumination and co-rumination, and acceptance of self-disclosure (Calhoun & Tedeschi, 2006). Proximate culture has also been shown to hinder recovery by constraining any one of these variables (Lepore, Fendandez-Berrocal, Ragan, & Ramos, 2004). In this way, proximate culture influences the survivor's experience of trauma in a similar fashion to social support.

The size and composition of a person's proximate culture and the norms and values they promote is thought to be a function of the macrosystem, or distal culture. Section 3.2.3 discusses the variables that make up distal culture.

3.2.3 *Distal Culture*

Bronfenbrenner's (1979) macrosystem is the theoretical basis for the distal cultural system. This system is the broadest level of culture, and impacts upon both the individual and their proximate culture from a societal level (Calhoun & Tedeschi, 2006). Distal culture is often referred to as systems of values, beliefs, ideologies and lifestyle that are sanctioned by a high order group, such as tribe or nationality (Berry, Poortinga, Segall, & Dasen, 1992; Bronfenbrenner, 1979; Hofstede, 1984). It is important to remember that this system of culture is only one part of this puzzle, and that not all individuals who develop within a particular distal cultural system will necessarily have the same ideals, values, and beliefs. However, Bronfenbrenner's model suggests that members of a distal culture are reinforced to act according to these value systems, and are socialised to regard them as rational, 'good' and desirable (Brislin, 1983; Hofstede, 1984; Triandis, Bontempo, & Villareal, 1988). Bronfenbrenner (p.26) refers to distal value systems as "social blueprints" for how one should respond to a given situation. Thus, an individual is likely to experience and respond to a life crisis in a manner that is unconsciously in common with other members of his or her distal social group, and his or her proximate cultural groups are likely to reinforce this distal culture. Hofstede's (1984, 2003) cultural variables (Power Distance, Individualism, Masculinity, Uncertainty Avoidance and Long Term Orientation) and the dominant religion are value systems that influence distal culture (Calhoun & Tedeschi, 2006; Green, Deschamps, & Paez, 2005; Hofstede, 1984; Sampson, 2000; Triandis et al., 1988).

Figure 4 below displays the numeric values Hofstede (2003) determined for each cultural variable for Australia, East Africa, and West Africa. This thesis focuses on Hofstede’s (1984, 2003) cultural variable of Individualism and its opposite, Collectivism, as it is this variable that represents the biggest difference between the dominant Australian culture and those of African nations, as can be seen in Figure 4.

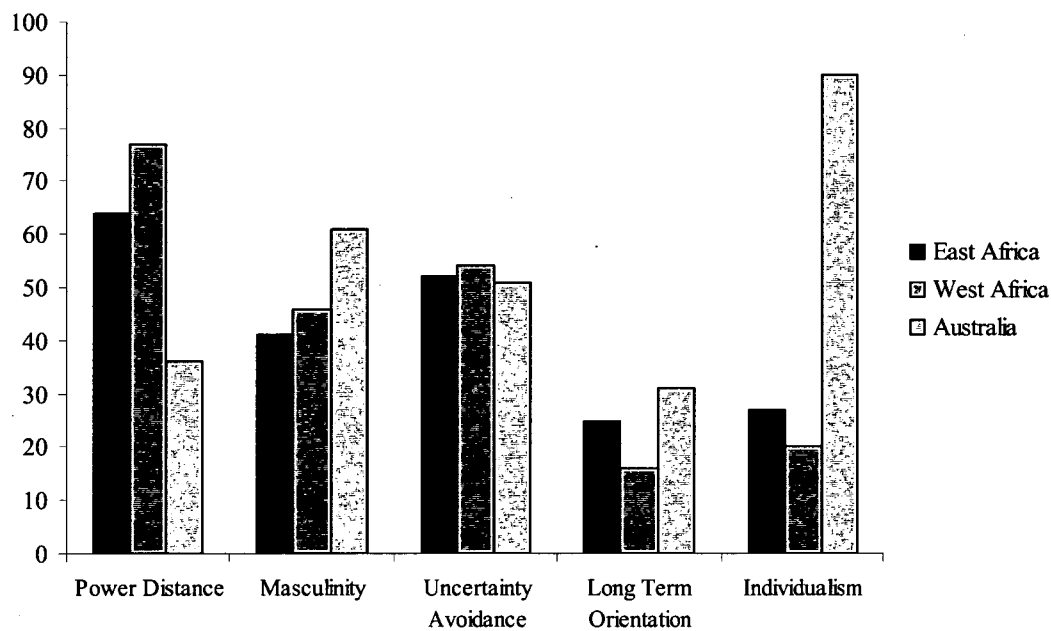


Figure 4. Values for East Africa, West Africa, and Australia on Hofstede’s (2003) cultural variables.

Individualism. Individualism and Collectivism refer to how individuals are connected with their social environment in groups. Individualism is common in Western societies such as the US and Australia (Hofstede, 1984). In these cultures the self is seen as independent, autonomous and unique, which leads to an emphasis on personal

achievement, competition between individuals, and personal responsibility (Green et al., 2005; Hofstede, 1984; Oyserman, Coon, & Kemmelmeier, 2002). Individualist societies tend to live in nuclear family groups, and concern is primarily for one's self and immediate family (Hofstede, 1984; Triandis et al., 1988). This focus can lead to feelings of loneliness and dissatisfaction with social support, however individuals may have a greater determination to achieve personal goals and be seen to be a strong person (Triandis et al., 1988).

Individualistic cultures are therefore more likely to promote what is termed 'primary control' (Heppner et al., 2006; O'Connor & Shimizu, 2002; Spector, Sanchez, Siu, Salgado, & Ma, 2004; Weisz, Rothbaum, & Blackburn, 1984). Primary control refers to the active attempt to change one's physical, social and emotional world to suit their personal goals or beliefs (Rothbaum, Weisz, & Snyder, 1982; Spector et al., 2004; Weisz et al., 1984). Belief in determinism or fate and deferring to others within a social group is therefore seen as passivity, and that the person is not in control of their life (Weisz et al., 1984). In religious terms, Individualism is often related to a religious affiliation with Christianity, but one in which the individual's personal relationship with one God is emphasised. Secularism is often promoted in the broader society, and this emphasises value of individual autonomy and responsibility for one's own life path (Sampson, 2000).

Collectivism. Collectivistic societies are often those that maintain traditional or agricultural lifestyles. The consciousness of togetherness promotes harmony between members of ingroups in these cultures (Hofstede, 1984). Solidarity and sharing is emphasised, the common will is respected,

and people work to create a feeling of social justice within the community (Peddle, Monteiro, Guluma, & Macaulay, 1999; Schweitzer et al., 2006). This approach results in more cohesive community networks and extended family environments. It is important to note, however, that whilst community and family groups may be more cohesive this does not apply to political circumstances. The cohesiveness felt is between the group, not between the group and the state (Hofstede, 2003). The solidarity and harmony that exists between group members fuels a greater satisfaction with social support, however the personal goals of an individual are often subordinate to those of the group, which may leave the individual feeling frustrated and pressured (Triandis et al., 1988).

Collectivistic cultures have been found to seek control through what is termed 'secondary control' pathways. That is, people from these cultures are more likely to adapt themselves to suit the social world in which they find themselves, and change as it too changes, rather than seek active control over experiences (Heppner et al., 2006; Rothbaum et al., 1982; Spector et al., 2004; Weisz et al., 1984). Whereas Individualist cultures emphasise the individual's personal relationship with God, high religious faith is often more strongly correlated with Collectivism (Cukur, De Guzman, & Carlo, 2004; Lo & Dzokoto, 2005). Cultures that adhere to non-dualistic religion (where body and mind are interconnected) are more likely to have collectivistic ideologies (Sampson, 2000), however Western religions such as Christianity have been introduced into many nations with collectivistic backgrounds. In these nations the emphasis may be on fate and faith in God's will rather than one's personal ability to control one's life.

It is important to note here that not all members of an individualistic society will necessarily be purely idiocentric, nor all members of a collectivistic society be allocentric, but that the social norms and political contexts of that culture promote the broad ideologies of Individualism and Collectivism (Green et al., 2005; Sampson, 2000). Arguments have been raised as to the effectiveness of Hofstede's cultural variables in explaining the differences found between cultural groups (e.g., Fiske, 2002). However these arguments are often about the nature of the instruments used to measure these constructs, rather than the variables themselves. The current study did not employ quantitative methodologies to assess individualism and collectivism, but rather uses the broad constructs of Individualism and Collectivism to explain large scale differences between the results of the three sample cohorts. Similarly, simple dichotomies such as Individualism and Collectivism do not impact upon an individual's sense of self-concept, cognition, or well-being in isolation. Many other factors within a trauma survivor's life history will also impact upon their trauma adaptation journey, not least of these being their Proximate culture as discussed above. Again, Hofstede's cultural variables have been used here as a useful large-scale cultural explanation for differences found between trauma constructs and the efficacy of intervention strategies.

3.3 Culturally Appropriate Mental Health Care

3.3.1 Toward Cultural Competence

As was discussed in Chapter Two, refugees are generally regarded as requiring professional help, with little regard as to whether the people

themselves request it, or of the cultural norms associated with help of this nature (Summerfield, 1998; Watters, 2001). The provision of mental health services in Western nations often reflects the cultural biases of the mainstream culture, and largely ignores the perspectives of minority groups (Sue, 2003). However, Australia's National Mental Health Plan (DoHA, 2004) specifies that culturally appropriate models of mental health support should be integrated into mainstream mental health care. Similarly, it has been argued that mental health practitioners have an obligation to be culturally competent (Davidson, 1997; ECCV, 2006; NHMRC, 2005).

Cultural competence refers to practitioners having an understanding of, and acknowledging, cultural factors that may impact upon the clients' mental health, performance on psychological assessments, and the appropriateness of interventions, and modifying one's practice accordingly (Davidson, 1997; Sue, 1998, 2003). This may mean providing culture-specific tests and intervention strategies. The Australian Psychological Society's (2003) guidelines for the provision of psychological service for Indigenous Australians suggest that cultural competence must be employed. For example, the guidelines specify members should:

"Take into account ethnicity and culture when making professional judgements about, and dealing directly with, indigenous clients; be aware of, and show due acknowledgment of and respect for, the value systems and authority structures operating in the indigenous communities for whom they provide services; ...be aware of the impact of

*their own beliefs, stereotypes and communication rules on
their interpretation of the behaviour of indigenous clients”*

As part of the Integrated Humanitarian Settlement Scheme, the Australian Government provides short term torture and trauma counselling services to Humanitarian entrants (DIA, 2008d). Therefore, these standards of cultural competence should be extended to Humanitarian entrants to Australia.

Davidson argues that the application of cultural incompetence when working with Culturally and Linguistically Diverse clients is unethical practice.

The experience and needs of African-Australians, as expressed by them, must be taken into account before mental health professionals can provide relevant assistance to these former refugee populations as they resettle in Australia (Bracken et al., 1997; Peddle et al., 1999; Watters, 2001). The individualised therapy valued in Western psychology largely ignores the collectivistic ideals of many cultural groups by excluding the potential to include family and community into the healing process, and devaluing acculturation stressors in favour of clients' past histories (Bracken, 2001; Perren-Klingler, 2000; Watters, 2001). Positive post-trauma adaptation may therefore be facilitated through methods common in the cultures in which the former refugees were raised, utilising the traditions, religions and rituals of that culture, and by incorporating socially based intervention strategies (Nordanger, 2007; Perren-Klingler, 2000).

3.3.2 Summary and Research Aims

In summary, Chapter Three has demonstrated that refugees experience potentially traumatic events in three phases of their refugee journey (pre-

migration, en-route, and post-migration). Each of these phases presents unique and significant challenges. The majority of research into these challenges focuses on the pathological nature of the experience, and particularly on the prevalence of PTSD. However, the literature demonstrates that there are wide and varied rates of PTSD within refugee communities, suggesting the diagnosis may not be useful for mental health professionals. Similarly, literature demonstrates that the relative endorsement of items within criteria, such as within the Avoidance criteria, differs in those from African backgrounds. This may indicate that the nature of the criteria is culturally determined.

Calhoun and Tedeschi suggest that culture impacts upon the experience of trauma through proximate and distal channels. Proximate cultural groups operate largely through social networks, whilst distal cultural variables include social norms such as Individualism/Collectivism, and religion. In order to understand how to provide culturally appropriate trauma support services we must first understand how the experience of trauma is conceptualized by different cultural groups and what existing models of care they use. Simply using an established Western model of trauma and counseling ignores the ethical and political obligations professionals have to provide empirically supported, culturally competent practices to clients.

At a theoretical level, the aim of this programmatic suite of research is to understand how proximate and distal cultural systems impact upon the experience and outcomes of life crises in Caucasian, Sudanese, Liberian, and Sierra Leonean Australian survivors of trauma. Specifically, the aim was to explore the nature and stories of trauma for people from these nations, and to

form a comprehensive understanding of the factors that impact upon the PTG process and outcomes for each group. To this end, a series of three studies was designed to develop qualitative models of the trauma adaptation journey for Caucasian, Sudanese, and West African Australians using Grounded Theory methodology. These models are described in Chapters Five, Six, and Seven.

At a practical level, the aim of these studies is to use this understanding to aid Western psychologists in creating culturally appropriate mental health services for Humanitarian entrants who resettle in Australia from these three African nations, providing a medium for former refugees from Sudan, Liberia, and Sierra Leone to share their stories and enrich our understanding of the perspectives of a diverse range of cultural groups.

Chapter Four will now discuss the ontological and epistemological underpinnings of these investigations, and their appropriateness in addressing the above aims. It then discusses the application of these philosophical positions to the psychological science, and the selection of Grounded Theory as the most appropriate methodology to encompass the Cultural Constructionist and salutogenic paradigms that form the basis of this thesis.

Chapter Four

Methodology

“Traditional scientific method has always been, at the very best, 20/20 hindsight. It’s good for seeing where you’ve been. It’s good for testing the truth of what you know. But it can’t tell you where you ought to go.”

- Robert M. Pirsig

As outlined in Chapter One, the most appropriate conceptual framework for meeting the aims of this investigation is Cultural Constructionism. The Phenomenological and Symbolic Interactionist (SI) philosophies are aligned with this framework, lending an appropriate ontological basis for the study of unique psychological experience embedded in culture. This chapter will first discuss these ontological positions and their application to the research aims.

Chapter Two established that Western understandings, assessments, and treatments of trauma and its effects may be redundant when working within cross-cultural contexts, such as with former refugees. As argued in Chapter Three, quantitative methodologies based in the traditional positivist paradigm of Western psychology often fail to provide useful information for practitioners working in trauma services for former refugees in Australia, causing frustration amongst the profession. In light of this, and by virtue of the Cultural Constructionist framework essential for this investigation, it is necessary to utilise a qualitative methodology. Grounded Theory (GT) was

selected as the most appropriate methodology for this investigation, which will be the focus of the second section of this chapter. The chapter will conclude with a description of the ethical requirements of this research.

4.1 Ontological Positions

4.1.1 Phenomenology

The Phenomenological approach has three basic elements:

1. Pure description of lived experience
2. Interpretation of lived experience as a function of context
3. Analysis of underlying structures of experience

The first two elements represent the traditional philosophical basis of Phenomenology, through the works of Husserl (1965) and Heidegger (1962). The third arises through the extrapolation of these to a research paradigm, designed and refined by Husserl, Heidegger and their contemporaries, with psychology in mind.

The Phenomenological approach is the study of experience (Husserl, 1965). Husserl's Phenomenology asks the question "what is it like?" (Barnacle, 2001; Husserl, 1965). It is therefore an appropriate philosophy in which to base the current research, as the aim is to address the question "what is it like to experience a life crisis?" For Husserl, psychology needs to focus away from abstract, objectified concepts that reflect a universal reality, and toward description and analysis of the unique experience of the individual (Husserl, 1965; Sharkey, 2001). Husserl's phenomenology therefore rejects the strict positivism of traditional science in favour of a unique narrative of lived experience.

Critics of Husserl have commented that as a moment of lived experience is captured in analysis of data and written word, it is effectively objectified. The researcher thus generalises what Husserl claimed to be an inherently subjective concept, and in doing so attempts to express the inexpressible (Dreyfuss & Hall, 1992). Heidegger (1962) successfully countered this criticism in his *Hermeneutic Phenomenology*, by acknowledging the interpretive role of the human being. Heidegger argues that in expressing subjective experience, one does not objectify or generalise, but rather describes their own experience of experience (Heidegger, 1962; Honderich, 2005). As human beings, we interpret meaning based on reciprocal interaction with others in our social and cultural context (Conroy, 2003). Hence, one does not observe their experiences objectively as factual instances, but rather understands and interprets them within his or her cultural, historical and linguistic boundaries (Barnacle, 2001; Dreyfuss & Hall, 1992).

This, therefore, leads to the applicability of Phenomenology to the psychological science. It is the researcher's role to describe, within the cultural boundaries of psychology, their understanding and interpretation of the experience as expressed by the participants (Conroy, 2003; Smith & Osborn, 2008). In doing so, the researcher moves beyond the participants' subjective experience to an understanding of its form and structure. In short, the researcher uncovers what makes that experience, that experience (e.g., what makes a life crisis a life crises for people within a particular cultural group). A phenomenological researcher is therefore interested in listening to the lived experience of the participant, within his or her cultural boundaries, and then in extrapolating the essence of that experience (Conroy, 2003). It is

therefore hoped that the researcher can gain an understanding of the experience from the perspective of his or her participant group.

4.1.2 Symbolic Interactionism

Symbolic Interactionism (SI) evolved out of Pragmatist philosophy, as a philosophical approach to sociological theory (Smith, 2004). Pragmatism holds that the reality that is sensed by human beings is interpreted within a social context. Pragmatism, as a foundation for psychological practice however, respects scientific, positivist terminology; referring to validity, propositions and theory development (Denzin, 1992; Osborne, 1994).

In response to his disdain of positivism, Herbert Blumer developed SI as a philosophical basis for what he believed was a more appropriate methodology for human sciences. As a philosophy, SI has three main canons (Denzin, 1992; Ritzer, 1996):

1. People act towards things in a manner consistent with the meaning that thing has for them.
2. Meaning is constructed through social interaction
3. Meaning has a dynamic nature, modifiable by interpretation, self-reflection, and interaction.

Blumer's SI complements Phenomenology, in that it holds that social acts are interpreted through lived experience (Smith, 1996, 1999). However, to the Symbolic Interactionist the emphasis lies in the meaning that is attributed to the experience, rather than the experience itself. Where the Phenomenologist asked "what is it like?" the Symbolic Interactionist asks "what does it mean?" (Crooks, 2001; Jeon, 2004). A SI approach to

psychology may therefore lead away from the unique narrative of individual experience and toward the construction of more general theories about the meaning attributed to the experience by people as they interact within society, whilst still acknowledging the subjectivity of this experience (Denzin, 1992). SI is therefore primarily concerned with the development of theory that explains how meaning is constructed through cultural interaction (Denzin, 1992).

Blumer (2002) identified four key methodological concerns for the SI researcher. The researcher must initially explore the world in which the experience to be researched lies. This may be achieved through the immersion of the researcher in the culture or community they are investigating, in order to understand the intricacies and practices of the sample. Secondly, whilst antecedent theories are valued for their explanatory power, it is important for the SI researcher not to let these theories coerce the researcher's judgement (Blumer, 2002). A related aspect, and Blumer's third methodological recommendation, is that there should be no hypotheses in SI research. There should be a broad idea about where the investigation should lead, but the nature of this connection should not be predicted. SI research is about discovery of meaning, and this does not allow for prior constructions of meaning by the researcher (Blumer, 2002). Finally, the SI researcher must move beyond the unique narrative of human experience produced by Phenomenological research to a more general theory. Whilst this theory is to be situated within the specific culture the researcher is studying at that time, it is nevertheless an overarching model, rather than focussing on the specifics of the personal narratives (Blumer, 2002).

4.1.3 Application to the current research

In line with the Cultural Constructionist paradigm, the methodology and the presentation of results and discussion of the current research reflect the philosophical premises of both Phenomenology and SI. The research question is to investigate the experience of life crises from the perspective of four cultural groups, in order to provide theory that will be useful in practice. This aim will be founded in SI, with its view to create generalised theory that is embedded in a specific cultural context. However, an important second aspect of the current research is to relate the personal experience of the participants through the presentation of quotations extracted from interview transcripts. The Phenomenological approach is therefore applied, as the research provides an understanding of the unique voices of Caucasian, Sudanese, Liberian and Sierra Leonean Australians. This approach will therefore lead to a more comprehensive understanding of ‘what it is like’ to experience life crises for people from these cultures.

Though a researcher can never truly understand these experiences, unless they have personally experienced similar events, the Phenomenological and SI approaches to this investigation enables the researcher to express their understanding and interpretation of the experiences in a manner that will be most beneficial to the psychological profession, and thus to the communities involved in the current investigations.

4.2 Research Methodology

4.2.1 Grounded Theory

Based in SI, Grounded Theory (GT) was developed by Glaser and Strauss (1967) as a method of generating generalisable theory that is based in the lived experience of people within a given social context. The method attempts to elucidate the meaning people attribute to experiences, as constructed by dynamic interpretation within a social context (Jeon, 2004). The central tenets of the GT methodology are outlined below.

Theoretical sampling. Due to the aim of GT to elucidate theory based in a particular lived experience within a particular social context, the random sampling valued in traditional Western psychology is inappropriate. Instead GT sampling is based on theoretical sampling (Blaikie, 2000; Denzin & Lincoln, 2000). Theoretical sampling refers to the purposive selection of participants, whereby those who have experienced the relevant phenomenon and meet the demographic criteria are actively sought out (Denzin & Lincoln, 2000; Langdrige, 2004). GT methodologists also value constant comparison, in which data is gathered continually throughout the research process alongside analysis (Blaikie, 2000). This allows the researcher to build upon ideas and flesh out themes in this dynamic research process (Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1998). Theoretical sampling allows for the flexibility needed in developing an understanding of the emergent data (Glaser & Strauss, 1967; Strauss, 1987; Strauss & Corbin, 1998).

Theoretical saturation. The above described sampling process entails that the researcher cannot anticipate sample sizes prior to the analysis of the data (Blaikie, 2000; Strauss, 1987). Sampling must continue along with

analysis and review of the data until saturation has occurred. Saturation is the point at which the researcher is satisfied that no information is being collected that enhances their understanding of the emergent theory (Maykut & Morehouse, 1994). Whilst the unique individual stories of additional participants will always provide an enhanced phenomenological understanding of the experience, saturation is the point at which new themes cease to be generated from the data (Strauss & Corbin, 1998).

Coding and analysis. The constant comparison approach of GT entails that the researcher must continuously compare elucidated categories and themes throughout analysis (Blaikie, 2000; Langdridge, 2004; Strauss & Corbin, 1998). Coding is the dynamic process by which data in the form of interview transcripts is broken down into a multitude of categories, and then reformed as generalisable theory in which common categories are grouped into higher order themes according to their underlying meaning (Strauss & Corbin, 1998). The three stages of coding are open, axial and selective coding (Strauss, 1987).

Open coding. In this first stage of analysis, the interview transcript is broken down into concepts that are labelled according to its meaning (Glaser & Strauss, 1967; Strauss, 1987). Over time, these concepts become more theoretically labelled, as they are classified into groups of two or more according to similarity in underlying meaning by the constant comparison process (Glaser & Strauss, 1967; Strauss & Corbin, 1998). Concepts coded during the open coding stage may not be included in the final grounded theory, however it is essential that each line of the interview transcript is coded regardless of its applicability to the emerging theory. This forces the researcher

to engage fully with the text and develop a deep understanding of the participants' discourse (Strauss & Corbin, 1998). The grouped categories may then be further clarified, modified, sub-divided, or disregarded by subsequent interviews (Strauss & Corbin, 1998).

Axial coding. Open coding naturally progresses into the second stage of data analysis, axial coding. This stage begins at the point at which open coding starts to form clear categories, and the researcher becomes aware of the properties that make up these categories, their antecedents, consequences and relationships with other emerging categories (Strauss & Corbin, 1998). Due to the natural evolution of open coding into axial coding, the stages often coincide with each other, contributing to the dynamic nature of this methodology (Strauss, 1987). Axial coding is the first stage in which an emerging holistic theory can be detected (Strauss, 1987).

Selective coding. At the third stage of coding the data is moulded into a theoretically robust theory, with core categories now becoming overarching dimensions with subordinate facets that clarify the nature of the dimension (Glaser & Strauss, 1967; Strauss & Corbin, 1998). Selective coding, as the name suggests, is the stage at which the researcher exercises the most interpretation by selecting the dimensions they feel most represent the core of the experience under investigation and form hypotheses about the relationships between these dimensions (Corbin & Strauss, 1990).

Memoing. Throughout the coding process the GT methodology encourages researchers to engage in memoing. Memos are essentially notes that are designed to record the researcher's ideas as they analyse the data, and are used in the write-up stage at the conclusion of the analysis process (Glaser

& Strauss, 1967). Memoing enables the researcher to think deeply and theoretically during the analysis.

4.2.2 Application to the Current Research.

GT is a rigorous, well established methodology within the qualitative methodologies that enables the researcher to produce robust descriptions of lived experience. Unlike other qualitative methodologies, such as Interpretative Phenomenological Analysis which focuses on unique and personal experience, GT lends itself readily to the aim to provide valid, reliable models that are generalisable to former refugees from Sudan, Liberia and Sierra Leone. However, GT does not preclude phenomenological description; the style of presentation chosen enables the thesis to address the phenomenological aim to share the stories of these remarkable survivors with the psychological profession. GT also enables the researcher to discover theory rather than to support a priori expectations. It is therefore useful for an investigation in which there is a lack of previously established literature, as is the case for the current research. It is therefore proposed that a GT investigation situated within a Cultural Constructionist paradigm is the most appropriate methodology for the current study.

4.2.3 Summary

To summarise, the presented investigations utilise a phenomenological approach in which the individual's subjective experience of their trauma is valued above pre-conceptions of the experience. This was extended into SI in that culture is understood as a system of symbolic interpretation through which

individuals as social beings understand one another and make sense of the world. These ontological positions, combined with the epistemological approach of Cultural Constructionism discussed in Chapter Two, led to the application of GT as the most appropriate research methodology for the current studies. Chapter Four has discussed this methodology in detail. The next section highlights methodological and ethical issues encountered in conducting this suite of research.

4.3 Potholes, Speed Bumps and Blockades

Conducting research within former refugee populations, and within a Cultural Constructionist paradigm, carries with it many unique challenges to the researcher. In the sections that follow, the discourse is personal, and is often written in the first person. This is due to the acknowledgement of the role the researcher played in the development of the models described in Chapters Five, Six, Seven and Eight, and the personal journey that was necessary in order to create a faithful construction of the experience of trauma for people from a different culture to that of the researcher.

4.3.1 Interviewer as Instrument

The researcher's first endeavour when working within a Cultural Constructionist paradigm is to immerse him or herself in the context they are investigating. The researcher effectively embeds their thought and understanding in the participant's reality, so as to maximise their potential to make sense of the participant's experience, without holding their own culture

as the intellectual ‘high ground’ against which the participant’s experience is to be compared (Gergen, 1997).

Theoretical sensitivity is an additional tenet of GT not previously discussed that refers to the researcher’s ability to comprehend the cultural subtleties in data, in order to elucidate theory that is grounded in the lived experience of participants (Strauss & Corbin, 1998). By being theoretically sensitive the Grounded Theorist is able to formulate theory that is closely fitted to the culturally constructed reality of the participants. Strauss and Corbin recommend that researchers conduct investigations in fields with which they have prior experience, however they also state that the novice can become theoretically sensitive through thoughtful, creative and flexible immersion in the subject area. This may be achieved through becoming active within the community, engaging with literature on the population, and by being reflective and open in the analysis (Strauss & Corbin, 1998). This reflects the ideologies that underlie this study and necessitates the validation of the interviewer as instrument.

With this in mind, I have endeavoured to build myself into the theoretically sensitive researcher. I have opened my mind to the worlds of my participants. In a Cultural Constructionist thesis, the reader must also be able to meaningfully engage in the culturally constructed realities not only of the participants of this study as was outlined by Chapters One, Two and Three, but also of the researcher. Figure 5 below highlights the preparation I underwent in order to understand the background of the participants in this study.

Event/meeting	Date	Provided by	Description
Working With Refugees/Working For Refugees	2 nd June 2006	Refugee Council of Australia	Workshop looking at how to improve settlement and advocacy for refugees in Australia
63-Service Providers Meeting	28 th June 2006	MRC North	Meeting of providers of IHSS and SGP. Provided insight into settlement issues.
Meeting with Brian Sweeney	4 th July 2006	Brian Sweeney, CALD liason officer, UTAS	Personal meeting to understand the backgrounds of Launceston's African community
Meeting with Joselynn Sweeney	27 th July 2006	Joselynn Sweeney, Ravenswood Community Health Centre	Personal cultural awareness session
Service Matters: Dealing with Diversity	8 th September 2006	University of Tasmania	Conference on working within a diverse education environment
Working with Culturally and Linguistically Diverse Students	11 th September 2006	Brian Sweeney, CALD liason officer, UTAS	Seminar looking in depth at the backgrounds of CALD students at UTAS.
Meeting with DIMA officials	13 th September 2006	David Dedenczuk and Matt Durose, DIMA	Personal meeting with DIMA officials to understand the resettlement services provided for Humanitarian Entrants in Australia
Working on Genuine Self-Sufficiency	15 th September 2006	Joselynn Sweeney, Social Worker, Ravenswood Community Health Centre	Interactive workshop looking at service provision in the area of health. Designed to create dialogue between service providers and migrants.
New Research on Refugees and Asylum Seekers	29 th September 2006	Researchers for Asylum Seekers, Melbourne University	Postgraduate Conference looking at research into refugee and asylum seeker issues
African Men's Group	30 th September 2006	John Nyagua and Elders of Launceston's African community	Personal meeting to discuss my research and potential issues
Cross Cultural Awareness Training	8 th October 2006	Migrant Resource Centre, Hobart	Introduction to Humanitarian program and cross cultural communication. Specific session on Torture and Trauma Counselling
Meeting with Sally Roberts	30 th November 2006	Sally Roberts, Torture	Personal meeting exploring issues of listening to refugee stories

		and Trauma Counsellor MRC North	and potential for retraumatisation. Strategies for dealing with distress discussed.
Sharing Excellence in Research University of Tasmania	21 st September 2007	UTAS	Postgraduate conference during which a session was dedicated to refugee research
Talking Social Justice – Refugee rights still matter!	15 th October 2007	Anglicare	Forum in which human rights lawyer and activist Marion Le and Actors for Refugees founder Alice Garner spoke about the current state of Australia's refugee and asylum seeker relations.
Issues in Cross Cultural Psychological Assessment: Enhancing Practice with Migrants, Refugees and Indigenous Peoples	16 th May 2008	The Victorian Transcultural Psychiatry Unit	Conference looking at issues in the psychological assessment of culturally and linguistically diverse groups
Social Inclusion and Exclusion of Culturally Diverse Communities: Strategies and Experiences	1 st – 2 nd August 2008	UTAS	Multidisciplinary conference looking at social inclusion in Launceston. Substantial community involvement leading to first hand knowledge and debate
American Psychological Association's 116th Annual Convention	14 th – 17 th August 2008	APA, Boston, Massachusetts, USA	Conference for the international psychology community in which sessions were dedicated to refugee research and the influence of culture on PTG
Meeting with Jeff Stone and Roscoe Thomas	16 th August 2008	Jeff Stone and Roscoe Thomas, Co-ordinators of the Boston Dialogues	Personal meeting exploring issues of social inclusion and the effectiveness of the Boston Dialogues project in promoting community integration.
New Research on Refugees and Asylum Seekers: The Way Forward	2 nd December 2008	Researchers for Asylum Seekers, Melbourne University	Postgraduate conference for research into refugee and asylum seeker affairs.
43rd Annual Conference of the Australian Psychological Society	23 rd – 27 th September 2008	APS, Hobart, Tasmania	Conference for the Australian psychological community in which a session was dedicated to culturally appropriate mental health care
16th Conference of the Australasian Human Development Association	7 th – 9 th July 2009	AHDA, Adelaide, South Australia	Conference for the Australian developmental psychology community in which a session was dedicated to refugee mental health

In addition to the above meetings, workshops, forums and conferences, I have worked as a tutor for CALD students in first year Psychology and in the Kalahari Tutoring program at UTAS, and have worked on a casual basis as a Project Officer with the Tasmanians Talking Project, which facilitates community dialogues between migrant and local communities in Launceston. I have also sustained personal relationships with people from the Sudanese, Liberian and Sierra Leonean communities and have learned much from their wisdom. As John Nyagua once told me, "It is better to hear it from the horse's mouth."

Figure 5. Cultural Awareness Timeline

4.3.2 Initial Ethical Considerations

The current research was conducted in accordance with the guidelines of, and was approved by, the Human Research Ethics Committee (Tasmania) Network (HREC). The HREC's decisions are based on the National Statement on Ethical Conduct in Human Research (NHMRC, 2007). The code states that ethical research in Australia must meet the principles and values of respect for persons, research merit and integrity, beneficence, and justice (NHMRC, 2007). In accordance with these values, participants in the current research all volunteered to participate in the study, were fully informed as to the nature and possible effects of the research, and gave their verbal and written consent. In order to maintain the anonymity of the participants all names included herein are pseudonyms chosen by the participants. All potentially identifiable information was deleted from interview transcripts, and all recorded and written data is confidential and will be kept in secure locations for a period of five years post-publication.

Due to the subject matter of interviews, it was possible that participants may have become distressed during the interview. This was relatively infrequent, however wherever a participant became visibly distressed, the researcher discontinued the interview. Participants were also informed of their autonomy in ending the interview, and were encouraged to do so should they become distressed at any time. Participants were furnished with the contact details of appropriate counsellors and contact persons should they continue to feel distressed after the interview. To the best of my knowledge, no participant exercised this right.

4.3.3 *Ethical Considerations in Refugee Research*

Due to protracted displacement and the crises that ensue, refugees are often perceived to be a particularly vulnerable group, and whilst there is a need for research in this area, the potential for exploitation is of concern (Leaning, 2001). The extreme trauma, poverty, and lack of stability in home and political status can diminish a person's identity and self-worth, and hence the capacity for self-determination (Mackenzie et al., 2007). Therefore, research undertaken within refugee or former refugee communities requires consideration of unique ethical concerns.

The primary aim of ethical refugee research is to promote social change by informing policy, creating awareness of refugee issues, and thus alleviating suffering (Birman, 2005; Dona, 2007; Mackenzie et al., 2007). It is therefore important that research into refugee studies be conducted in a manner that promotes the empowerment and autonomy of this potentially vulnerable group, and enables reciprocal exchange (Birman, 2005; Mackenzie et al., 2007). These aims are reflected in ethical procedures increasingly promoted within refugee studies, which fall into the categories of trust and participatory autonomy, informed consent and confidentiality, a balance between humanitarian response and scientific rigour, and respect for persons.

Trust and Participatory Autonomy. As was described in Chapter Two, trust is often diminished in survivors of torture and trauma (Behnia, 2004; Fabri, 2001; Gorman, 2001). This may be exacerbated in refugee situations by the persecution governments and officials impose (Birman, 2005; Dona, 2007; Mackenzie et al., 2007). Former refugees have often come into contact with organisations that are not beholden to the strict ethical standards of academic

research, and therefore may be distrustful of researchers' motives (Mackenzie et al., 2007). It is important that researchers within refugee studies do not further impinge on the participant's capacity for self-determination, and instead attempt to rebuild autonomy through their research practice (Mackenzie et al., 2007). This in turn will assist the researcher in creating a safe environment in which trust can be established (Dona, 2007).

Participatory autonomy is both the right and the capacity of the participant to make informed choices and determine the conditions of their participation in the research (Mackenzie et al., 2007). One of the most effective means of encouraging autonomy is to involve the community in the planning stages of the research (Mackenzie et al., 2007). In order to achieve this, I first involved myself heavily in the cultural awareness activities described earlier, and held extensive discussions with the UTAS CALD support officer and social workers with expertise working in the Sudanese, Liberian and Sierra Leonean communities. Following these discussions, I was introduced to an elder of the Sierra Leonean community who lead an African men's group in Launceston. With his assistance I was able to meet with a group of African elders to explain my research and gather their ideas and support, and then incorporated their ideas and concerns into my recruitment and interview practices. With the support of many respected community leaders, I was able to establish trust within the community.

It is also important to establish participatory autonomy on the individual level. An individual participant can be the object or subject of the research, or they can take the role of social actor or even co-researcher (Dona, 2007). This distinction is particularly important in refugee studies, as people

are often the objects of persecution imposed by governments and agencies, diminishing their capacity for autonomy (Dona, 2007). In this investigation the participants take on the role of social actors, in that they are the experts of their own story. I emphasised this in the recruitment process and my interview practice revolved around the participant's chosen narrative.

Individual participatory autonomy and a space for a trusting researcher/participant relationship may also be established by letting the participant choose the venue in which the interview would take place, and its contextual surroundings (Fabri, 2001). Choice of where to meet for initial recruitment sessions and the eventual interview was under the control of the participant in the current research. Men predominately chose to meet at the university or Migrant Resource Centre whilst the majority of women chose to have me come to their homes. For women, time was often spent chatting, drinking coffee, and admiring their children before the interview would begin. For a Liberian participant it was important that we prayed at the end of the interview. At a Sudanese participant's home I helped prepare a family lunch prior to the interview and ate with the family afterwards. At another's I ate breakfast and watched an African film. All participants exercised complete control of what they wished to tell me, where they wished to tell it, and under what circumstances they would allow me to hear it. These practices enabled participants to be self-determining in the research process, and feel safe to participate.

Informed Consent and Confidentiality. Differences in language, culture, and social norms can all make gathering truly informed consent a difficult process (Leaning, 2001). The information sheets and written consent

forms that are required by university ethics boards are extremely lengthy documents and can often seem overly legalistic, and as former refugees have varying levels of education, literacy levels, and English language proficiency, this can pose significant problems for researchers (Birman, 2005). Therefore, rather than the generally accepted practice of simply providing an information sheet and obtaining written consent, refugee researchers propose a more informal process of obtaining informed consent across several extensive discussions (Birman, 2005; Mackenzie et al., 2007).

With this in mind, I used informal networks to recruit and inform participants. Community leaders and friends I made during my journey acted as 'gatekeepers', providing potential participants with verbal information about the project and passing on contact details wherever they were given permission. This process was recommended by the elders I initially met with. After an initial telephone call I met face-to-face with potential participants for an extensive information session, providing them with an informal brochure written in plain English, and a verbal description of the study, its purpose, procedures and ethical considerations. I then provided the information sheet for them to take home and read at their leisure. At a second mutually agreed upon time and date I telephoned potential participants and answered any additional questions they had and arranged an appointment for an interview if they agreed to participate in the study. At the time of the interview I went through all procedures and ethical considerations again and reconfirmed the voluntary status of their participation. Written consent was then obtained before commencing the interview. I believe that this lengthy and informal process allowed fully informed consent to be obtained from all participants.

The assistance of 'gatekeepers' is essential for research in refugee studies where the researcher has no existing role within the community. This is due to issues surrounding trust and the formal structure of collectivistic cultures in which introductions are necessary. However, this can compromise the voluntariness of participation (Birman, 2005; Mackenzie et al., 2007). In order to prevent this, all assistants were extensively briefed as to their ethical responsibilities to provide only names they had received the voluntary permission of the person to provide, and to act without coercion. I then probed each potential participant as to their voluntariness, and emphasised their autonomy in their decision both to participate or not, and in the information they would provide. Whilst positions of authority may be seen as coercive in refugee studies (Mackenzie et al., 2007), my youth and gender makes it unlikely those who were reluctant to participate felt an inability to say no. I therefore believe that all participants in this study acted freely and voluntarily.

Confidentiality is critical in all research but particularly so in refugee research due to issues of distrust, and often because of participants' fears of repercussions (Mackenzie et al., 2007). Perhaps the most important aspect of the informed consent process, therefore, is to explain the ethical rules researchers must abide by and the consequences of not adhering to these rules (Birman, 2005). Mackenzie et al. (2007) suggest that agreements of confidentiality be explicitly made during the information process. To this end, I particularly emphasised the confidentiality measures in place for this research and obtained verbal agreement that these measures were adequate. I also highlighted confidentiality measures whilst obtaining written consent. All participants were given autonomy in selecting a pseudonym by which they

would be known and were given the opportunity to review transcripts if they wished. I believe the confidentiality of the data was understood by all participants and enabled them to feel comfortable expressing their stories.

Humanitarian Response and Scientific Rigour. With the concern refugee researchers have for ethical responsibilities and the vulnerability of their target group, there is a risk that scientific validity will be compromised by humanitarian response. Birman (2005) suggests that some researchers may omit difficult questions from questionnaires or qualitative interviews because of their fear they will cause distress. It is important that researchers in this field prepare for the possibility that questions may distress some participants and take adequate care that these risks are minimised. However the need for scientific rigour is essential and, given that research in refugee studies often aims to inform policy and social practice, is an ethical responsibility in itself (Birman, 2005). Therefore, researchers must be prepared to take on difficult issues, if, and only if, it is for the benefit of the community, and do all that is necessary to ethically conduct research into suffering.

Research into trauma is one such difficult area. As was described in Chapters Two and Three, this is an area of concern for Western mental health professionals, and one in need of comprehensive and rigorous research. It was impossible to conduct interviews that would provide valid conclusions without touching on potentially distressing memories. However, the sample consisted of community members who were well established and had social support networks. Whilst all had experienced challenges in their resettlement and horrific trauma, most were well adjusted and represented a non-clinical sample. This is not a limitation to the current research as the focus was on

strengths and PTG. In addition, all participants had the right to refuse to answer any question and were autonomous in what they chose to relate. Throughout the information process I emphasised that participants had the right to withhold any mention of the traumatic experiences themselves as the focus was on the journey to post life crisis adaptation. Despite this, most participants did disclose some of the experiences they had. I therefore believe that all care has been taken in conducting research that is scientifically valid, but that has not caused undue distress to the participants.

Respect for Persons. Respect for persons is one of the fundamental principles of ethical conduct in academic research. This principle is characterised in part by the autonomy of the participants, but also “requires having due regard for the welfare, beliefs, perceptions, customs and cultural heritage, both individual and collective, of those involved in research” (NHMRC, 2007, p.13). This principle is of particular concern to researchers working with refugee communities.

It is important to be respectful of the expectations people have of the research, and to be mindful of the potential for unrealistic expectations to develop (Mackenzie et al., 2007). Researchers within refugee studies have commented that participants can often develop unrealistic views that the research will give rise to significant social change, or will influence legal proceedings or resettlement challenges (Mackenzie et al., 2007). Whilst the aim of the researcher is always to inform social practice, it is important that participants are aware of what the researcher can realistically achieve. It is also possible that the benefits of the research may not go directly to the participants, and this too must be explained prior to participation (Leaning,

2001). Both the expectations I have of my research, and the potential for the research to be of little benefit to the participants themselves was explained in detail during the information session in the current research. Participants were generally accepting that the research will probably not change the world (though many have perhaps unwarranted faith in me), and were hopeful that whilst the research may not directly benefit them, it may benefit those in their community. The greatest desire participants in this investigation had was to be able to share their story, and contribute to the knowledge of people who want to help.

Mackenzie et al. (2007) reported that refugee communities often feel exploited by Western researchers. Given that resettled communities are often small, there is a risk that people become over-researched, and this has been confirmed anecdotally within the Tasmanian community. Often people simply want to be told what has happened with the research, as there is a sense within the community that nothing ever comes of the research they participate in. No formal reporting system was put in place in this study as my initial concern was for confidentiality and I therefore did not keep records of contact details. If I were to conduct this research again I would put these mechanisms in place. However, I have presented at local conferences at which many of the participants and their communities were in attendance. The UTAS CALD support officer and community leaders are consistently updated as to my progress, and informal social networks ensure that people are aware of my progress without direct contact with me. I have also made use of local media to publicise my findings.

In addition to these research-based activities I have remained dedicated to the African communities in Launceston, and actively participate in, and contribute to, events and programs within these communities. I voluntarily provide additional tutoring to CALD students in first year psychology, and some basic assistance for non-psychology students in university related activities wherever requested. I have provided my assistance in local conferences, have been in attendance at many community events, and have an active role in the Tasmanians Talking project which aims to promote social health through dialogue between migrant and local communities. I sincerely hope that this small contribution, along with what I hope this research will achieve, has gone some way to 'paying back' the amazing contributions the participants have made to this investigation.

4.4 Conclusion

In conclusion, Chapter Four has highlighted the ontological and methodological underpinnings of the following three studies. In addition, it has highlighted the unique challenges presented to the researcher throughout the course of this research, and how these challenges were overcome. The unique ethical considerations of working with former refugee populations have been discussed, along with how these considerations were met. With these challenges and considerations in mind, Chapters Five, Six, and Seven now present the three studies that make up the current suite of research.

Chapter Five

Study One: A Caucasian-Australian Story

*"It's no good crying over spilt milk; All we can do is
bail up another cow"*

-Joseph Benedict Chifley
(Prime Minister 1945-1949)

In 2006, Shakespeare-Finch and Copping conducted an exploratory study into the construction of PTG within an Australian sample. In that study, the outcomes of growth were the research focus. The aim of Study One in the present suite of research is to extend the previous study, by exploring the experience of trauma adaptation in its entirety. That is, the aim of study one was to explore the factors that impact upon the process and outcomes of PTG in a Caucasian-Australian sample, and to provide a comprehensive model of this process. Chapter Five describes the experience of life crises from a Caucasian-Australian perspective.

5.1 Method

5.1.1 Participants

Saturation appeared to occur having interviewed 27 participants for Study One. Participants were recruited from the University of Tasmania, and the Rotary Club of Launceston. Participants self-identified as culturally Australian and a survivor of a life crisis. Traumatic events experienced by these participants included armed hold-up, rape, domestic violence, a range of

life threatening accidents, and being held hostage. The sample comprised ten males and 17 females and their ages ranged from 18 – 52 years. Participants were recruited through the University of Tasmania and the Rotary Club of Launceston.

5.1.2 Procedure

Participants were invited to attend an interview for approximately one hour. Participants were briefed as to the nature of the study and consented to participate. Due to the nature of exploratory research utilising the Grounded Theory methodology, no set interview schedule was adopted. Participants were simply asked to convey their story in their own words, beginning with the event itself, the way that it affected them both at the time of the crisis and in the time following, and finally how they felt it had changed their life, if at all. Broad topics emerged for further in-depth discussion through the method of constant comparison, including the adequacy of social support and positive post life crisis development. These topics were not broached unless mentioned by the participant, and all responses were probed to their full extent.

Interviews were digitally recorded and transcribed to preserve the integrity of the analysis. Data was then analysed using the GT procedures outlined in Chapter Four within QSR International's (2008) N'Vivo 8 qualitative data management program.

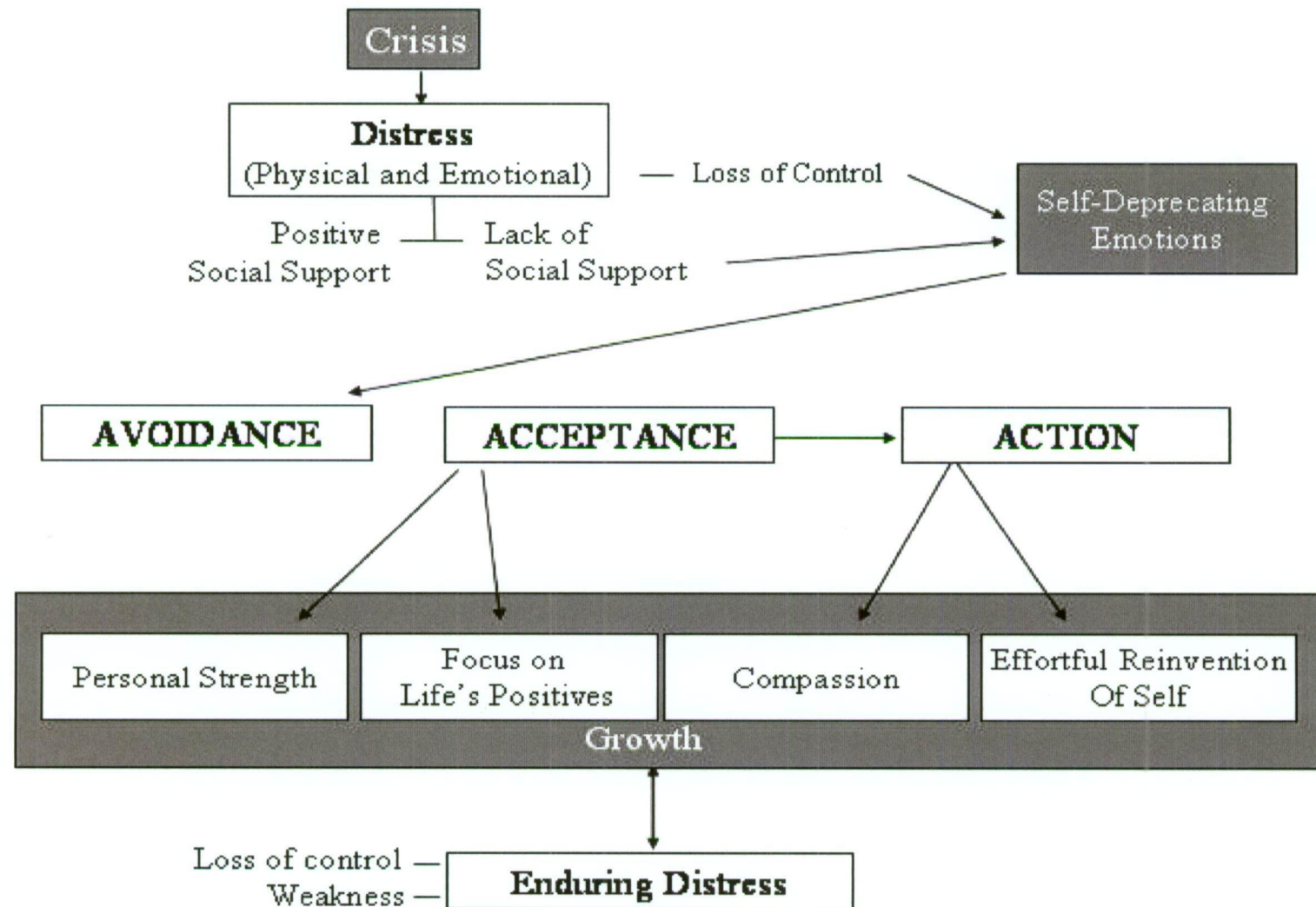


Figure 6. A model of the experience of life crises from the perspective of the Caucasian-Australian sample (Copping, Shakespeare-Finch, & Paton, 2008a, 2008b).

5.2 Results and Discussion

As was discussed in Chapter Four, data was analysed utilising GT procedures. Data was initially Open coded using the N'Vivo 8 program. The researcher then interrogated the data for conceptual links between Open codes in the Axial coding process. Selective coding was then employed to produce a robust and comprehensive model of the trauma adaptation journey for the Caucasian-Australian sample. The model of the experience of life crises can be seen in Figure 6 above. Dimensions of the model and their facets are described in the sections that follow.

5.1.1 Distress

Distress facets found were generally consistent with those described in the literature (APA, 2000; Briere & Scott, 2006; Friedman, 2000; Tedeschi & Calhoun, 1995; Tedeschi & Calhoun, 2004b), initially encompassing fear and anxiety, and their related physical elements (e.g., sweating, nausea, flashbacks). This dimension also incorporates what one participant referred to as a “complete emotional breakdown”. Other codes within this dimension included anger and rebellion, worry, and isolation. Interestingly, anger is a distress facet that permeated throughout the post-trauma journey for these survivors; albeit the anger may have been directed at different targets (e.g., perpetrator; self).

Another facet, and by far the more pervasive of distress facets, was the loss of control felt by participants. For example, Denise stated:

“I’ve always been independent, and here I couldn’t drive for 6 months, I had allocated carers coming

*into my home every day because I couldn't deal
with this...I never learned how to ask for help from
anyone."*

In this quotation, Denise explains how her loss of control over herself and her body caused her distress, due to the fact that she valued her independence.

Due to their perceived loss of control, many survivors of life crises felt disassociated from the person they once were, a loss of self-esteem and worth, and felt like they were no longer capable of being a well functioning human being. In this initial stage of the post-trauma journey, participants had a perceived inability to cope with life and in particular with the more clinically diagnosable aspects of distress they experienced as a result of their life crisis. This loss of control led the survivor to perceive themselves as being weak (See *Self-Deprecating Emotions* below). Table 1 below displays exemplary quotations for the *Distress* dimension.

Table 1.

Quotations that Exemplify Physical and Emotional Distress

Facet	Exemplary Quotations
<i>Emotional Distress</i>	<p>“Ongoing depression...” (Belinda)</p> <p>“I had a breakdown and suffered some pretty severe depression.” (Ken)</p> <p>“ ‘Last year it got really bad and I had a breakdown.’ ‘What do you mean by breakdown?’ ‘I dunno, I was just really emotional.’” (Rose)</p> <p>“It really brought it all home and I had a major breakdown.” (Alyson)</p> <p>“From there I went to anger, I became angry, full of anger and rebellion.” (Angela)</p>
<i>Physical Distress</i>	<p>“I’d wake up in cold sweats, hot sweats, cold sweats. I’d wake up standing at the side of the bed...in another room.” (Greg)</p> <p>“I was getting visions ... I could smell my accident, everything” (Denise).</p> <p>“I suffered from insomnia for 6 months...throughout the year I suffered from anxiety attacks, panic attacks, constantly was stressed out, on edge.” (Allegra)</p>
<i>Loss of Control</i>	<p>“Loss of control and an inability to manage emotionally what was going on around me...” (Bob)</p> <p>“I feel very much that my life for most of my formative years had been very much out of my control, that things had been subconsciously driven, or had been driven by the need to please others.” (Alyson)</p> <p>“I felt like everything was out of control, like I wasn’t ready to deal with all of this stuff but it was happening regardless.” (Jane)</p>

5.2.2 Positive Social Support.

Positive forms of social support expressed by the Australian sample included being surrounded by those who provided practical support. Allegra highlighted this when she said, *“they’d come over and help me tidy up and make sure I’d eaten...”* It was also helpful to survivors of life crises to be among people who understood or empathised with the individual’s experience. This was especially important for Kali, who stated:

“Finding a network of parents who’d gone through similar experiences was again inspirational...the therapists (occupational therapists, speech therapists) were more compassionate, empathetic and understanding.”

Similarly, Ebony commented that the support she received after her brother was killed in a car accident was excellent when coming from her parents *“who were truly understanding what I was feeling.”*

Interestingly, however, the positive influence of existing support networks could not be described as a theoretically robust dimension in this sample. Many, whilst their existing supports gave them adequate practical support, felt that they were not understood or empathised with. These participants thus felt it necessary to develop new relationships with people who they felt were understanding of their experience. Many people who had experienced their life crisis some time ago had extinguished relationships they felt had a negative influence on their post life crisis journey, and had fostered new relationships that they felt were a positive influence (e.g., an aspect of *Effortful Reinvention of Self*).

The search for positive forms of social support is consistent with previous literature (Calhoun & Tedeschi, 1998a; Calhoun & Tedeschi, 2006; Ingram, Betz, Mindes, Schmitt, & Smith, 2001; Lepore et al., 2004; Lepore & Hegelston, 1998; Lyons, 1998; Massey et al., 1998). The act of seeking out empathic and understanding others when the survivor's pre-existing social networks does not lend this support coincides with the idea that survivors must be supported by people who will co-ruminate with them in order to grow.

5.2.3 *Negative Social Support.*

The perception that one has been taken advantage of by their friends or family was articulated by several participants. For example, Denise stated, "*I was abandoned and indeed taken advantage of, and these issues have just repeated in cycles ever since.*" Whilst relatively few participants perceived this as being the case, it is important to note that those participants who perceived themselves to have been taken advantage of were among the least well adapted of the sample to their experience. This highlights the significance of social support in post-trauma adaptation. In Table 2 below, three facets of *Negative Social Support* are exemplified. It seems that the existing support networks of these participants abide by a norm that if one does not understand something, they should not do any more damage by trying to help someone through the experience. It may be an Australian social rule that if you don't know what to say, don't say anything. Ebony highlighted this when she commented:

“My best friend came to visit a lot, she never really seemed to say ‘I’m sorry’ or anything, I mean I know it is hard to know what to say, but it doesn’t matter what people say.”

This led to the distressing feeling of isolation articulated by a large proportion of the sample (see *Distress* above). For many this feeling of isolation leads to anger and rebellion. For example:

“And my family’s reaction was, didn’t happen, don’t want to know, don’t talk about it, we don’t want to hear it, so I had no one to talk to, so from there I went to anger, I became angry, full of anger and rebellion”
(Angela).

Another side of the *We Don’t Talk About It* facet, however, was linked with the act of a family seeming to put up appearances. For example, Alyson commented that her family did not like her experience to be generally known because “*what will the neighbours think?*” It appeared that many Australian participants perceived their family as being embarrassed by their post-life crisis reaction, particularly where their experience led to a diagnosable disorder, such as depression.

Table 2.

Quotations that Exemplify the Negative Social Support

Facet	Exemplary Quotations
<i>People don't understand</i>	<p>"He's (partner) not been through anything like this...I've noticed that it's really hard for him to understand how I'm feeling." (Ebony)</p> <p>"I guess in a way she's, not ignorant to it, but um, just hasn't been exposed to it and probably doesn't understand it in a way." (George)</p> <p>"She never had any issues in her life... I think it takes a little something to trigger it to understand what other people go through." (Ozzy)</p> <p>"To see the limitations of our own network, even our church network of what people could actually offer in an emotional way...and my frustration in people's inability to appreciate her needs." (Frederick)</p> <p>"My family's very corporate minded...so we actually found ourselves probably more alienated from my family because they just can't comprehend this, it's too emotive, it's too confronting for what their vision of normality involves." (Kali)</p>
<i>We don't talk about it</i>	<p>"The style of family I grew up in wasn't the sort of family where you talked about these things." (Alyson)</p> <p>"It was never actually dealt with as a family in discussing it or counselling anywhere." (Narelle)</p> <p>"Things with my parents are very much [like] they don't want to know about any side of mental illness, it doesn't happen in their family." (Tiger)</p> <p>"They didn't say anything, or when it was Adam's birthday they didn't mention it or they didn't say 'how are you?' or anything like that." (Ebony)</p>
<i>Soldier on</i>	<p>"I kinda come from a tradition of just soldiering on a bit, if something happens you just get up and brush yourself off...you just get over it and get on with it." (Shirley)</p> <p>"That stiff upper lip, you just get on with it, you deal with it and get on with it...and that was instilled in me, everyone's got problems you just still gotta function." (Alyson)</p>

The *Soldier On* facet reflects the desire of the person's family and friends to see the individual get on with his or her life. It is likely that the advice to move on with life is given with good intent by one's support networks, as they view it as a positive step. It was also apparent, however, that the person's inability to do so was perceived by the survivor to be frustrating to their family or friends. This then led to feelings of distress for the individual, particularly a sense of shame and guilt (see *Self-Deprecating Emotions* below).

These *Negative Social Support* facets may limit self-disclosure for Caucasian-Australian survivors of life crises. Self-disclosure allows the person to restructure their worldview if trusted and intimate others validate their concerns and provide novel and informative perspectives on the experience. This is a process known as co-rumination (Calhoun & Tedeschi, 2006; Lepore et al., 2004; Lepore & Hegelston, 1998; Rose, 1992). Similarly to the current study, research in Western populations has shown that many survivors feel their pre-existing support network's reactions to their experience and their ruminations about the experience are negative and unsupportive (Ingram et al., 2001; Lepore & Hegelston, 1998). Those who experience constraints to self-disclosure or unsupportive reactions to self-disclosure may experience increased intrusive negative ruminations and avoid the deliberate rumination process that is essential for PTG outcomes to develop (Ingram et al., 2001; Lepore et al., 2004). This may exacerbate their distress symptoms, particularly feelings of guilt or shame as has been reflected in the current study (Leskela, Dierpernik, & Thuras, 2002).

The facets of *Negative Social Support* elucidated from the current sample and their effects on the survivors of trauma are consistent with extant literature. Four unsupportive reaction factors were identified by Ingram et al. (2001), three of which were reflected in the present study: (1) Distancing, where the social network of the survivor avoids behavioural or emotional engagement with the trauma and its effects, here reflected in the ‘we don’t talk about it’ facet; (2) Bumbling, where the social network behaves in awkward, intrusive or inappropriate ways toward the survivor, mirrored here with ‘people don’t understand’; and (3) Minimizing, where the social network forces optimism or negates the distress felt by the survivor, reflected in the present study by the ‘soldier on’ facet. Ingram et al.’s fourth factor, blaming, occurs when there is criticism and fault finding perpetrated by the network. Blaming, was reflected in the current research not in the explicit interactions of survivors with their family and friends, but in the ensuing introspection survivors experienced following the three facets described above. This was manifested as self-deprecating emotions, and is described below.

5.2.4 Self-Deprecating Emotions

Throughout the above dimensions and facets there was an undertone of self-deprecation. Participants expressed a sense of weakness and a coinciding feeling of shame and guilt that stemmed from the perceived lack of control the person had over the situation. Exemplary quotations indicating this feeling of weakness are presented in Table 3 below. For many participants the self-deprecating thoughts and the coinciding anger they felt because of this caused depression and anxiety to ensue.

The *Self-Deprecating Emotions* dimension is consistent with previous literature that has shown that survivors of combat related trauma experience what is known as ‘survivor guilt’ (Leskela et al., 2002; Tedeschi & Calhoun, 1995; Tedeschi & Calhoun, 2004a; Trumbull, 2003). In particular, the guilt facet reflects what has been referred to as ‘superman’ guilt in which the survivor feels that they should be able to control the uncontrollable (Kubany, 1994). Consistent with this research, the guilt and ensuing shame felt by participants in the present study stemmed from a sense of weakness at having not been in control of the experience of trauma and their response to it. For example, Jane commented that *“I hate having people know I’m upset about things. Because it makes me feel not, I dunno, I like thinking of myself as a strong, capable person.”* In this quotation Jane demonstrates the feeling of weakness that the Caucasian-Australian sample associated with their negative emotions, specifically due to their loss of control over the situation, and that this reflected on their strength and capabilities as a person.

The sense of weakness experienced when these participants felt a lack of control over their emotional reaction to these events reflects the emphasis on self-reliance, independence and autonomy in individualistic cultures. This will be discussed in detail in Chapter Nine.

Table 3.

Quotations that exemplify Self-Deprecating Emotions.

Facet	Exemplary Quotation
<i>A Sense of Weakness</i>	“It was frustration at first and then stronger and stronger inadequacy that I couldn’t help the situation.” (Frederick)
	“It makes me feel stupid, like there’s something wrong with you.” (Rose)
	“I just couldn’t cope with that, I couldn’t tell anyone. I was so ashamed of myself because I didn’t think that’s ok, like that’s so pathetic...you cope with life.” (Tiger)
<i>Shame and Guilt</i>	“I felt ashamed about that loss of control.” (Bob)
	“Some days I wake up and think I’m just being pathetic, I’ve just gotta deal with it, I’ve still got those thoughts of it’s not ok to not cope...They still make me feel guilty for feeling the way I do just because of their opinions...I just know it’s not ok in their eyes to not be coping.” (Tiger)
	“Every time I reach out for help I go through guilt that I’m imposing on people, that somehow I’m less of a person because I can’t sort it out myself, the way I think my family expect me to be able to.” (Alyson)
	“I felt bad, like I was bringing their mood down... I felt like I was a bit of a burden by always being in these situations.” (Allegra)

Previous research has found that a sense of guilt may be coupled with feelings of shame (Leskela et al., 2002; Trumbull, 2003). This is supported in the guilt and shame facet. Shame differs from guilt in that it is not context specific, but rather permeates the person’s sense of self. The survivors held a view of themselves that they see as contradictory to that which would be acceptable to others (Trumbull). The connection of the ‘self-deprecating

emotions' dimension to negative social support therefore supports previous literature.

5.2.5 Mechanisms of Adaptation

Avoiding: She'll be right. To appease their friends and family, and as an attempt to allay the self-deprecating emotions experienced as a result of negative social support, survivors in this sample attempted to have a 'she'll be right' attitude about the experience: "*If I wanna enjoy life I've gotta get over it*" (Ozzy). However, the individual's own sense of weakness when they were not able to cope with a crisis, the encouragement of their support networks to 'soldier on' and their reluctance to talk about the experience, all of which was compounded by the intense distress that the survivor of crisis was consumed by, took their toll on the individual. Many of these survivors of life crises reported then falling into a denial pattern in which they avoided the crisis and its effects. *Avoiding* is consistent with PTSD symptomatology (APA, 2000) and manifested itself two ways in the current sample.

The first manifestation of *Avoiding* occurred when the individual put up a façade that they were coping with the event to appease their family and friends, as well as their own sense of personal identity. For example Greg said that:

"I had a lot of people who I could talk to about it, but not many I would, because of the perception of how I would present myself as a male, a business person, the head of a family...I wasn't the same person, so I tried to pretend."

As Greg articulates, he was fully conscious of the fact that he was not coping with the experience, but because of both internal and external pressures, he felt forced to do so. This pretence continued until such time as it was no longer practicable to avoid the experience (e.g., in the case of an emotional breakdown).

Avoiding was more likely, however, to be an unconscious motivation. This is consistent with the Avoidance criteria of the PTSD diagnostic category, and is common amongst trauma survivors (APA, 2000). Survivors perceived themselves as coping because they felt they were able to push the experience to the side and to indeed ‘soldier on’. This avoidance of the experience left participants convinced that they were functioning as normal, and this self-deception continued until such time as a major trigger of traumatic memory forced the realisation that they had simply ignored the distress. For example:

“They (police) called me at work and I fell apart, which was something that I wasn’t expecting to happen because I’d been able to totally deal with it all of these years.”
(Alyson)

“I felt that even the abuse in my relationship, I coped with that fine, I thought I had because really I just ignored it, but I thought I coped with it ok.” (Tiger)

Acceptance. Acceptance appeared to be a turning point in the individual’s experience with life crises, at which the individual was no longer

consumed by their distress, nor was avoiding the effects of their experience. It is important to note that *Acceptance* as conceptualised here does not necessarily have positive connotations, though this was the case for many participants. Others may express this acceptance as 'resignation'. They could then accept the event as part of their lives. The *Acceptance* dimension of the post-life crisis experience appeared to fall into three facets. The individual realised that 1) they need to talk to people; 2) they were not weak or inadequate if they were not coping with the experience without the help of others; and 3) whilst they had changed because of the experience, it was not necessarily to their detriment.

For example, Frederick noted:

"Sure you might be knocked down a few rungs on the ladder that you thought you were scaling well, but the ladder is broader, it's not just a narrow path....so all those negative events that can happen I think actually build you, they build you as a different person, maybe more rounded rather than a sharper edged person, and I see that as being a good thing."

In this example, Frederick exemplifies the nature of Acceptance, in that whilst the experience was one that deeply affected him, it made him into a different and better person. In this regard, Frederick is an example of those who can acknowledge the potential benefits of such an experience. Table 4 below displays exemplary quotations for this dimension of the post-life crisis experience for the Australian sample.

Table 4.

Quotations that exemplify Acceptance

Facet	Exemplary Quotations
<i>Of the self within the event</i>	<p>“Just accepting that I don’t have to cope... that’s been a big thing for me, just being able to open up and say I’m depressed today, I’m not coping today. That’s been a big transition for me because I never felt like I could do that before” (Tiger)</p> <p>“I don’t wish they hadn’t happened, because [my experiences] made me who I am today and I have to like who I am.” (Angela)</p> <p>“I kind of believe it’s all the yucky stuff that’s happened to you that makes you who you are, it’s not necessarily all the good stuff that’s happened to you.” (Shirley)</p>
<i>Of needing others</i>	<p>“From being totally independent to being dependent on people and allowing myself that now.” (Belinda)</p> <p>“I had to make some changes, I didn’t know how I was gonna keep going on with this, and I went and saw a psychologist...and said help me.” (Scott)</p> <p>“Just being able to open up and say I’m depressed today...I never felt like I could do that before.” (Tiger)</p> <p>“I have developed the realisation that I probably do need an outside person to be able to help me through it because I probably can’t do it all on my own.” (Alyson)</p>

Once the life crisis experience had been accepted into the person’s sense of self, they could begin the process of telling their story, of rebuilding the self and re-establishing their place in the world. The act of resurrecting or rebuilding the self is part of the growth experience, however, there are aspects of growth that can occur whilst the person is still struggling to integrate the

experience into their lives (e.g., *Compassion*, see Shakespeare-Finch & Copping, 2006). That is, *Acceptance* is not a necessary condition for growth per se, but an integral condition for those elements in which the self is recreated (e.g., *Effortful Reinvention of Self*). Tedeschi and Calhoun (1995) similarly state that it is not until the survivor has formed a coherent life story in which the experience plays a part, that growth is possible.

Action. The *Action* dimension was characterised by the individual's realisation that they now had the freedom to take control of their life. It is as if the slate had been wiped clean by the life crisis and the survivor was able to start afresh. This dimension has been described as '*Action*' because it is distinctly effortful. In this dimension, participants expressed that they were able to take charge of the person they wished to become as a result of their post-trauma adaptation journey. For example, after escaping a domestic violence situation, Allegra stated "*I wanna have some control over what happens in my future, whereas before I didn't really have control...I want different things now.*"

Three facets have been elucidated that contribute to the person's taking action in their post life crisis journey, all of which led to the *Effortful Reinvention of Self* dimension of the *Growth* theme elucidated from this sample. The first is characterised by developing self awareness and knowing what it is one wants from life and to be able to take action to achieve those goals; the second is about perceiving oneself as having the freedom and the choice to be able to take action; and the third is the culmination of the former two that leads to the individual taking action, to take charge of their self and their life. Table 5 below highlights the three facets of *Action*.

Table 5.

Quotations that exemplify Action

Facet	Exemplary Quotations
<i>Self Awareness</i>	<p>"I still get at times dysphoric shifts in my mood, and I've just learned to handle that when that happens and I go for a walk...I know what the signs are..." (Bob)</p> <p>"I know that in a relationship now I'm stronger, I know what I want and I know what I expect." (Allegra)</p> <p>"I don't have to be someone else around them, I'm just going to be me and if they don't like it then that's ok." (Ebony)</p> <p>"I've got a pretty clear image of what I want in mind." (Tiger)</p>
<i>Freedom/choice</i>	<p>"I'm free totally now, I'm not tied to the ground anymore, I can take off and soar." (Angela)</p> <p>"It makes me feel better knowing that what I want to do with my life's up to me." (Jane)</p> <p>"People can take control of their lives, it's up to you." (Tiger)</p>
<i>Taking charge of self and life</i>	<p>"There was something fundamentally wrong with the way I lived my life then that led me into that situation...so I started breaking it down, what are you doing good, what are the bad things you're doing" (Rory)</p> <p>"I need to take charge of my life and not allow circumstances to decide who I was and what I would do with my life." (Bonnie)</p> <p>"It was like, okay I've gotta do something, I can't keep going...It made me really look at myself and looked at the things I liked about myself and that I didn't like so much about myself, and it made me change the things I didn't like about myself." (Shirley)</p>

Participants articulated a deliberate attempt to re-construct their lives post-trauma in a way that gave the event significance. This is consistent with

the concept of constructing meaning-as-significance (Nolen-Hoeksema & Davis, 2002) which is thought to contribute to the deliberate rumination stage of the PTG process (Calhoun & Tedeschi, 2006; Tedeschi & Calhoun, 1995). The facets of *Action* were the most commonly articulated themes of the Caucasian-Australian sample's experience of life crises. As stated earlier, to lose control of one's life was the most distressing aspect of the Australian person's experience of life crises. Actively taking control back and having the freedom to reinvent one's being in their post-life crisis journey is therefore perhaps an effort to alleviate the distress and leads to *Growth* as a by-product.

5.2.6 Growth

The current study supported the majority of Calhoun and Tedeschi's (2006) PTG outcomes. The Caucasian-Australian sample endorsed *Personal Strength*, and some *Appreciation of Life* and *New Possibilities* ideas. *Relationships With Others* was not fully endorsed, however a more robust *Compassion* dimension was elicited that adds to the understanding of the survivors changed attitudes towards others. *Religious and/or Spiritual growth* was not elicited from the Caucasian-Australian sample. The sections below discuss the dimensions elicited from the Caucasian-Australian data. Chapter Nine then comments on the similarities and differences in the model elicited in Study One and that developed by Calhoun and Tedeschi in more detail.

Compassion. These survivors of life crises developed heightened compassion for others who were experiencing similar life situations and emotions. Their new knowledge of the effects of life crises and their experiences with social networks that did not support them in the manner they

required or had expected, appeared to fuel the development of *Compassion*; a facet of Posttraumatic Growth (PTG) in this sample.

Table 6.

Quotations that Exemplify Compassion

Facet	Exemplary Quotations
<i>Desire to help others</i>	<p>“I don’t want a job anymore, I want to give of me” (Scott)</p> <p>“I want to share my experience and knowledge to support others who are learning to fight to survive abuse.” (Bonnie)</p> <p>“The next business I wanted was to provide a service, not stock... I’ll start a drop-in centre for male trauma victims” (Greg)</p> <p>“I feel in a way that I help other people find a meaning to life.” (Ken)</p>
<i>Empathy</i>	<p>“I can understand how people become so isolated and confused” (Belinda)</p> <p>“It’s made me realise that everyone’s event, even though it might be almost identical to someone else’s, it’s still totally personal.” (Greg)</p> <p>“But then I also know that everybody’s degree of hell is different” (Ken)</p>
<i>Understanding</i>	<p>“Before...you’d read in the paper how someone’s been [reference to potentially identifiable traumatic experience], I thought about it oh you poor bugger, have a coupla scotch’s he’ll be right...so it’s definitely made me more aware of the short term effects and then the possible long term effects” (Greg)</p> <p>“As a person who’s been there, all I would say is look yeah, sorry but if you’re mentally ill sometimes you can’t control your behaviour as much as you might want to do so.” (Bob)</p> <p>“I understand the lack of escape. Before I thought it was a personal weakness for people to stay in those situations, now I realise control can be taken away from you” (Rory)</p>

Compassion can be divided into three facets. All three facets of this growth dimension reflect the individual's desire to help others in similar situations to themselves, and an increased ability to empathise with the emotional consequences of such an experience. In particular, participants were likely to desire to help others who had experienced similar trauma in their future careers. For example, Belinda said "*I've been thinking lately that maybe I could get into rape counselling or something along those lines.*"

Above and beyond these situation focussed *Compassion* facets, participants in this sample experienced increased understanding of the behaviour of others, whether in regards to others' attitudes and behaviours towards the survivor of life crises, or those of survivors themselves. Table 6 above highlights the three *Compassion* facets in this sample.

Compassion is not part of the factor structure of the PTGI (Tedeschi & Calhoun, 1996). *Compassion* in the US construction of PTG as measured by the PTGI tends to be a by-product of the *Relationships with Others* factor that describes a sense of closeness with others and an intensifying of previous relationships. The *Relationships with Others* factor in this form was not articulated by the Caucasian-Australian sample in this study. As stated previously, participants in this sample were more inclined to express negativity in their social relationships (see *Negative Social Support* above). The *Compassion* dimension therefore represents a subtle difference between the general US model of PTG and the Growth facets elucidated from this sample.

Personal Strength. The sense of *Personal Strength* that survivors of life crises appeared to feel in their post-life crisis journey can be characterised by their realisation that they had survived the negative consequences of their experience, and that they were capable of taking back control of their life. It seems that reinstating a feeling of personal strength is part of the journey to *Acceptance*.

Table 7.

Quotations that Exemplify Personal Strength

Facet	Exemplary Quotations
Self as Survivor	<p>“Even when things go dark and I’m hurting myself there’s still a part of me that wants to live, that wants to survive, that wants to be better than what they did to me, what he did to me...I have survived the sexual holocaust and I am fighting back...” (Bonnie)</p> <p>“Every day I feel that I’m moving further towards being a whole person. I’m making another step towards wholeness. I just feel stronger.” (Anna)</p>
Independence	<p>“I think it made me strong, it made me more independent as a person, to be able to face issues” (Belinda)</p> <p>“I just lifted myself out of this mess I was in” (Scott)</p>
Self-Efficacy	<p>“It was a bit of a turning point when I started to get strong...it’s definitely made me a stronger person.” (Shirley)</p> <p>“I have an opportunity to do something, to bring something back, to give some meaning to life, and not to let go, the hopelessness is replaced by hope, the lack of control is replaced by control.” (Bob)</p>

Three facets of *Personal Strength* were elucidated from the Australian sample, and are highlighted in Table 7 above. This facet is consistent with the *Personal Strength* factor of the PTGI (Tedeschi & Calhoun, 1996). The *Personal Strength* factor is the most strongly endorsed factor across multiple cultural groups, though is less strongly endorsed in collectivistic cultures such as the Chinese (Ho et al., 2004).

Effortful Reinvention of Self. Three facets of *Effortful Reinvention of Self* were elucidated from this sample. *Eliminating the Negatives* was expressed as a cleansing of the toxic elements of a person's life, be they in the realms of health or friendships. For example, Shirley stated "*I changed a lot of friendships, like I stopped running around for people...I stopped drinking as much as I had...I stopped smoking*".

Fostering the Positives was characterised by being open to new possibilities and ideas, not only in one's own life, but also in acknowledging the alternative views of those around them, and hence also tied in to the understanding facet of the *Compassion* dimension described above. The third facet of *Effortful Reinvention of Self* was characterised by the individual's newfound respect for the self.

Effortful Reinvention of Self may be conceptualised as the process by which survivors of trauma in this sample moved toward *Personal Strength*. *Respect for Self* may be conceptualised as the growth outcome of the *Effortful Reinvention of Self* facet, and this respect for the self may lead to increased feelings of *Personal Strength*. The individual felt the need to exact control over their self-respect, as they perceived their previous lack of control over

certain aspects of their life as disrespectful to the self. Table 8 below highlights the three facets of this dimension.

Table 8.

Quotations that Exemplify Effortful Reinvention of Self.

Facet	Exemplary Quotations
<i>Eliminating the negatives</i>	<p>“I started listing out a new set of goals and the goals were giving up drinking, giving up smoking, get your eyes checked, get your blood pressure checked” (Rory)</p> <p>“I’ve learnt where the anger comes from and now instead of blasting and screaming and yelling at the family and abusing them, I stop and look at why I feel that way” (Bonnie)</p>
<i>Fostering the positives (new possibilities)</i>	<p>“Every step had to be positive. I was never going to let myself get any lower” (Rory)</p> <p>“I also try to be a more outgoing person like going to the gym and trying new things and not worrying as much about what people think...I thought no I’m gonna have a go at it.”(Elaine)</p> <p>“I’m doing something positive for myself which I wanted to do... I feel like I’m in control now and the kids are happy and I’m happy and everything’s moving forward” (Angela)</p> <p>“I’d come here [Tasmania] to change my life, so if I just went out and got a job labouring somewhere, all I’d be doing is changing the surrounding, not my life.” (Ken)</p>
<i>Respect for self</i>	<p>“It is only through growth, personal growth, and becoming more self-aware that we can give that to other people...the more you grow, and the more you love, honour and respect the self” (Scott)</p> <p>“Sometimes it’s ok for it to be about you, that’s not being selfish...so I put the focus back on myself, getting myself back on the track I wanted to be on” (Shirley)</p> <p>“I respect myself more and my life a bit more.” (Elaine)</p>

The notion that individuals may change certain aspects of their life post-trauma appears in PTG literature not as a growth outcome, but as part of the philosophical changes people make, for example in their priorities. The facet in this sample was articulated by a large majority of participants, and therefore reflects an important process in the development of PTG.

Focus on Life's Positives. The last growth dimension that was elucidated from the Caucasian-Australian sample was the reflections of the survivors of life crises on life itself. It appeared that once participants had made their way along their post life crisis journey, whether they experienced any or all of the above dimensions, and to whatever extent, they were more appreciative of life itself, and tended to focus on the positives that life has to offer. This can be exemplified in two facets, though the ability to positively appraise the event itself (see *Acceptance* above) also has similarities to this dimension.

The first facet of this dimension was characterised by the individual's ability to let the little things in life please them more than they would have done had they not had the experience, and not to let the hassles of day to day life bother them. This was particularly exemplified in Kali's comment that she now tended "*to appreciate so much more of the smaller aspects and dimensions of everyday life. Sometimes we're all so busy meeting deadlines, work commitments etc etc, we don't have time to stop and smell the roses.*"

The second facet reflected a newfound value for life that participants in the Caucasian-Australian sample articulated. Both facets of the *Focus on Life's Positives* dimension of *Growth* describe the ability of the survivor of

life crisis to reflect on what has happened to them and acknowledge how lucky they are to be alive. Exemplary quotations for the *Focus on Life's Positives* dimension can be seen in Table 9 below.

Table 9.

Quotations that Exemplify Focus on Life's Positives

Facet	Exemplary Quotations
<i>Appreciation of/Don't stress the little things</i>	"And the upside of life, how it can have its positives and enjoy that. Just little successes in life, the nice moments when you laugh and forget about the bad times." (Narelle)
	"I didn't come this far to argue over who's gonna wash up tonight" (Carmen)
<i>Value for Life</i>	"Life is good and you recognise just through going through the stuff that I've gone through in the last 7 years, I recognise so much more now...but, um, nah, it's an awesome life if you choose it to be" (Scott)
	"Sort of just respect the value of life and the value of everyone's life." (Narelle)
	"You realise how precious life is...I might not be here tomorrow so you've gotta make the most of every day." (Ebony)
	"It's an awesome life if you choose it to be." (Scott)

The *Focus on Life's Positives* dimension of the current model of the post life crisis journey for the Caucasian-Australian sample is consistent with the *Appreciation of Life* factor of the PTGI (Tedeschi & Calhoun, 1996). This is a common factor appearing in research across the world. It appears that having a new perspective on life in which everyday hassles take on less

impact and the consequent focus on the positives in life may be universal amongst Western nations.

5.2.7 Continued Distress

It is important to note that, like the model of PTG described by Calhoun and Tedeschi (2006), distress ensued throughout the survivor's post-trauma adaptation for this sample. This continued to be the case even when the participant has experienced some level of growth. This is consistent with a range of research that has similarly found that positive and negative dimensions of the trauma journey co-exist with one another (Linley & Joseph, 2004). As mentioned previously, those who had not accepted the event as part of their life narrative were more likely to experience severe distress at the time of the interview. Those who articulated *Acceptance* and even *Action* were likely to still be experiencing some level of distress, generally stemming from residual feelings of loss of control and the self-deprecating emotions that coincided with this feeling. It therefore seems that whilst the immediate physical and emotional distress survivors of life crises experience may have subsided for participants who reported growth, the impact of the event on their self-identity and the negative reactions of their friends and family remained a prominent part of their post-trauma narrative.

5.3 Summary

To summarise, Study One has demonstrated that this Caucasian-Australian sample experienced the trauma adaptation journey in a manner similar to that described by Calhoun and Tedeschi (2006). Significant findings

include the emphasis on *Loss of Control* as a facet of distress, the lack of social support perceived by this sample, and that a majority of participants perceived that they had grown from their experiences. Growth outcomes followed similar lines to those described in PTG literature, including *Personal Strength* and *Focus on Life's Positives*. Differences included an emphasis on *Compassion* rather than strengthened *Relationships with Others*, and an absence of *Religious or Spiritual Growth*. This will be discussed in Chapter Nine. In keeping with a salutogenic paradigm, the continued distress experienced by this sample has been acknowledged.

Therefore, Study One has elicited a robust model of the experience of trauma from the perspectives of Caucasian-Australian participants. Chapter Six will now discuss Study Two, in which a model of the adaptation to trauma in a sample of Sudanese-Australians was developed.

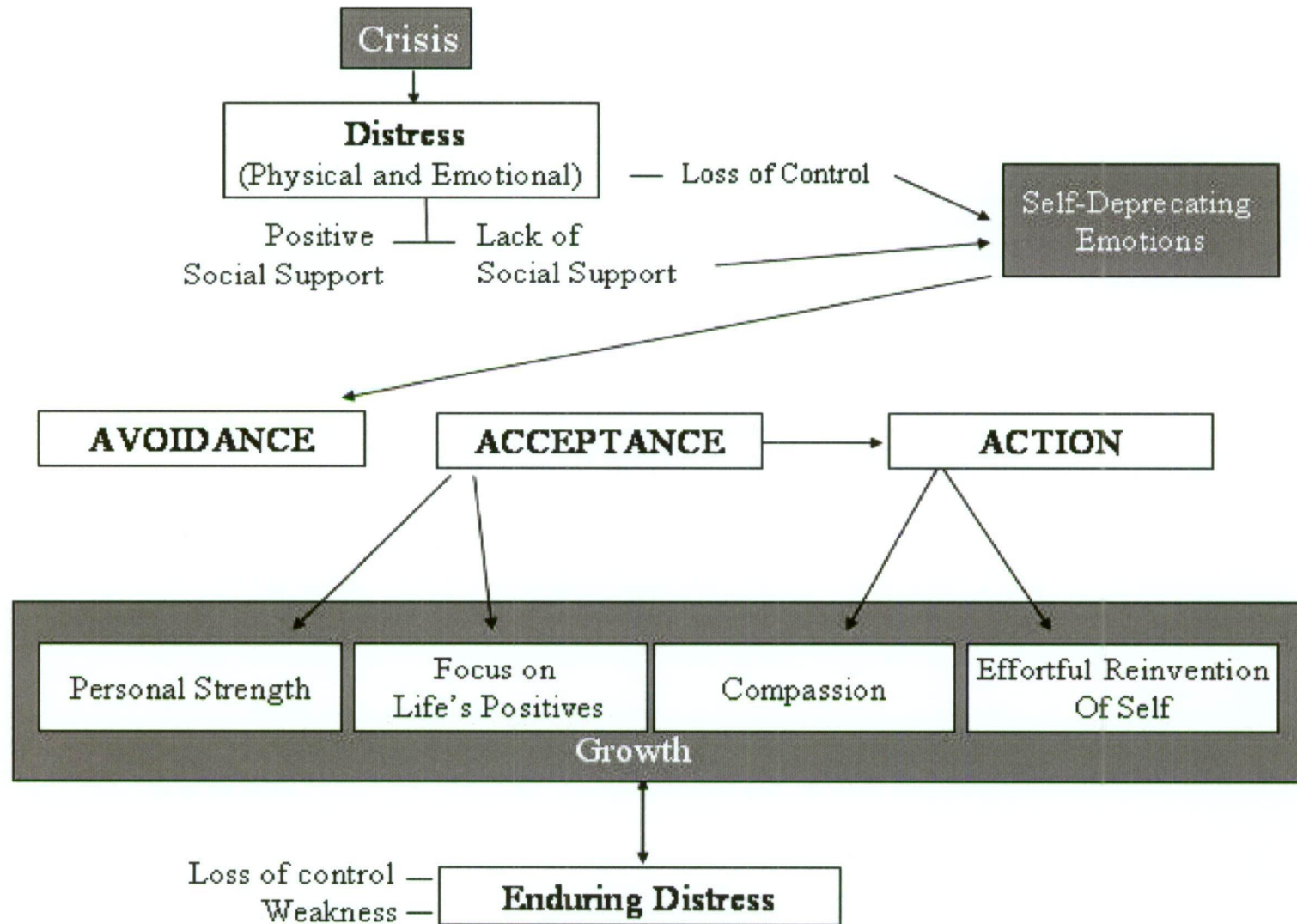


Figure 7. A model of the experience of life crises from the perspective of the Caucasian-Australian sample (Copping, Shakespeare-Finch, & Paton, 2008a, 2008b).

Chapter Six

Study Two: A Sudanese-Australian Story

“A calm sea does not make a skilled sailor.”

- African proverb

Studies Two and Three comprises the experience of life crises from the perspectives of two African-Australian samples. Chapter Six outlines the first of these perspectives: that of the Sudanese-Australian sample. In Study Two the aim was to understand the factors that impact upon the experience of trauma, and the process and outcomes of PTG in the Sudanese-Australian sample, and to thereby present a comprehensive model of the process of trauma adaptation for this sample.

As outlined in Chapter Five, Caucasian-Australians have had adverse experiences that add to their lives in both detrimental and positive ways. The experiences of the Sudanese-Australian participants are equally horrific, but unlike the majority of the Caucasian-Australian samples' experiences, they are protracted in nature. Rather than single traumatic events, Sudanese-Australian participants referred to their experiences (in the idioms of their culture) as 'hardship' or 'suffering'. In this chapter, the model and themes elicited from the Sudanese-Australian sample are presented and discussed in relation to the existing literature on trauma in Sudanese populations.

6.1 Method

6.1.1 Participants

Saturation appeared to occur with 15 participants. Participants self-identified as Humanitarian entrants to Australia of Sudanese birth and as survivors of a life crisis, or indeed several life crises. The sample comprised seven female and eight male participants ranging broadly in age from 19 to 49 years ($M = 32.67$, $SD = 8.54$). Participants were recruited initially through the Migrant Resource Centre of Northern Tasmania and the University of Tasmania ($n=5$), and then via the snowball method ($n=10$).

Participants were informed of the study through contacts at the MRC and the university, and subsequently participants themselves who were furnished with information sheets and brochures, and had previously been briefed as to the nature of the study. Individual participants were contacted with their permission by telephone. Participants were briefed as to the nature of the study in an initial face-to-face meeting, and then invited to participate in an interview at a later date. All names appearing in this paper are self-selected pseudonyms, ensuring the anonymity of participants. Ethical clearance was given by the Tasmania Social Sciences Human Research Ethics Committee, and ethical procedure was informed by extensive literature review and consultation with community leaders prior to the commencement of the research. Additional information regarding the process of recruitment and building rapport was provided in Chapter Four.

6.1.2 Procedure

The procedure for this sample was the same as the procedure described on p.101 in Chapter Five. No strict interview schedule was adopted, and all interviews were digitally recorded and transcribed. The Grounded Theory methodology was employed in the analysis as described in Chapter 4 utilising the N'Vivo 8 qualitative data analysis software.

6.2 Results and Discussion

The model developed for this sample and depicted in Figure 7 was particularly difficult to construct in a chronological manner, as the majority of the participants in this sample were continuing to struggle and experience stress due to the ongoing resettlement journey and associated life crises (see Chapter Eight). Dimensions comprising the model and the facets they encompass are described in detail in the following sections.

6.2.1 Distress

The facets of distress displayed by the Sudanese-Australian sample are consistent with the definition of trauma and the symptoms associated with Posttraumatic Stress (APA, 2000). These facets included fear for one's life or that of their loved ones, serious injury to themselves and/or their loved ones, and responding with helplessness, horror, and having no control over the situation. In this regard, the Sudanese- Australians experienced similar feelings to the Caucasian-Australian sample.

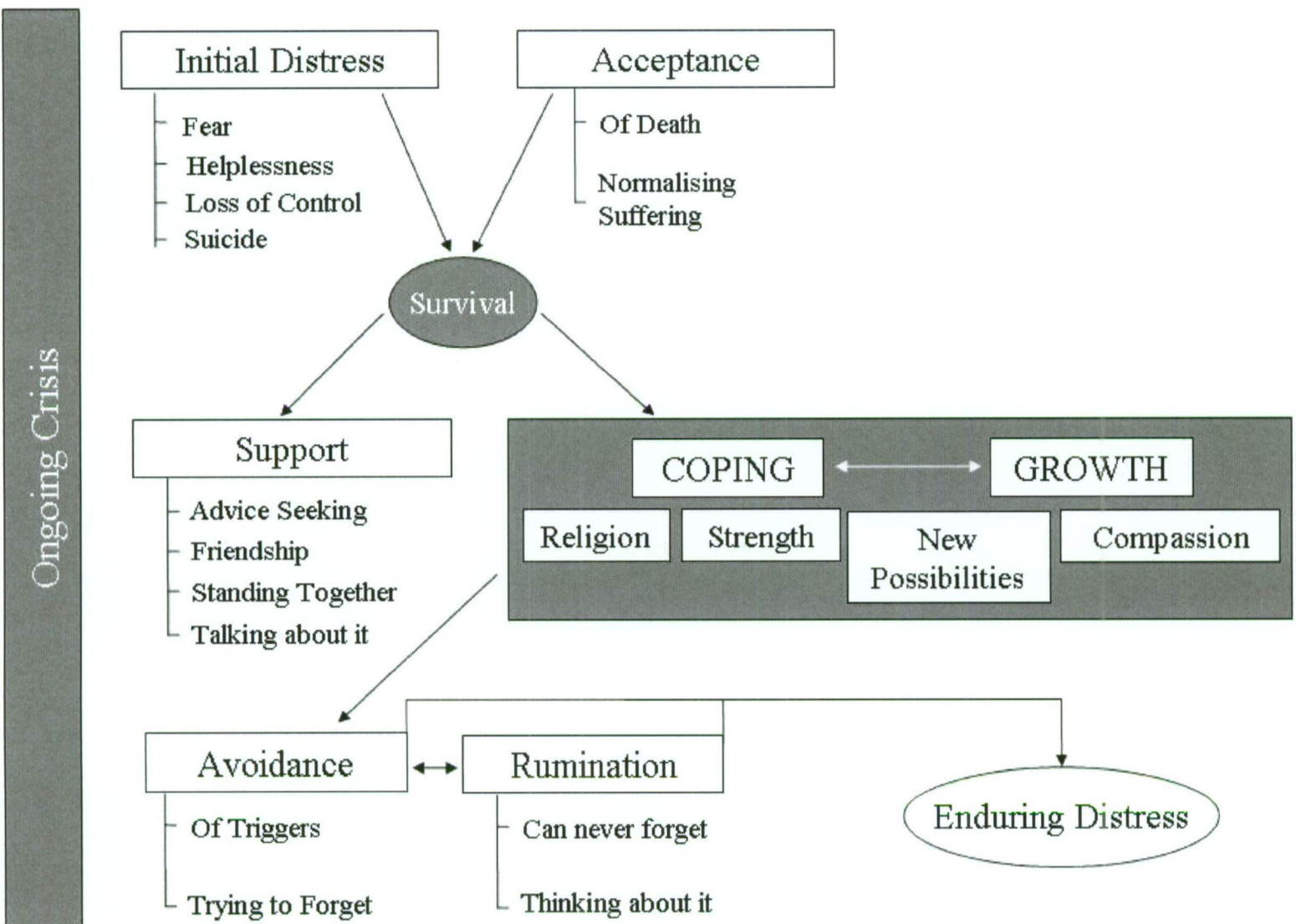


Figure 8. A model of the experience of life crises from the perspective of the Sudanese-Australian sample.

It is important to note, however, that the crises of the Sudanese-Australian sample are protracted. The sample reported no single, isolated experience that participants could pinpoint as being the cause of their traumatic symptoms; rather, distress is due to a series of events that continue even into their resettlement journey. Whilst many have experienced personal trauma such as rape, torture, or arbitrary arrest, most participants expressed their crises as being part of 'the war', 'life in the camp' or 'challenges in Australia' not discrete experiences within these categories. Chapter Eight will discuss this in more detail.

In addition to the distress experienced pre-migration, the enduring distress that the Sudanese-Australian participants were still experiencing at the time of interview is consistent with the literature available (Aristotle, 1999; Murray et al., 2008; Schweitzer et al., 2006; Tilbury & Rapley, 2004).

What may be diagnosed within the hyperarousal and re-experiencing clusters of PTSD were present in many participants, and some expressed anger at what they had experienced. Ongoing physical pain of injuries incurred through the refugee experience also contributed to the enduring distress expressed by participants in this sample, as well as resettlement and acculturation difficulties (see Chapter Eight). Table 10 displays quotations for the Distress dimension.

Table 10

Quotations that Exemplify Enduring Distress

Facet	Quotation
<i>Pre-migration distress</i>	“Or am I gonna survive the night? Or am I gonna die here now? You can die at any time, at any place. So that’s how the life is, it’s really hard.” (Kasara)
	“You will get scared because you can see the symptoms of war coming, you can see people running coming, so you start feeling maybe the next thing is me also running.” (Luku Luku)
	“You will be scared even you wouldn’t think about something to eat for your stomach because you are just running for your life.” (Orange)
	“Somebody is beating your parents, is your parents helpless, so that one is really very bad.” (Achani)
<i>Enduring Emotional Distress</i>	“It’s like when I came here and I see the life here was different I get very angry to myself, it’s just like I did not get the life that I wanted... I mostly be hurt, I will always cry because if I cry I feel that myself it’s released.” (Achani)
	“You get angry, you don’t know why, you know, but sometimes you think no, I think this is a problem, how do I think, how do I feel this?” (Luku Luku)
<i>Other distress (physical, psychosocial)</i>	“The war is really the worst ones that it can really stress someone so badly and even it can cause a lot of damage to personal or physical health.” (Kasara)
	“I feel like I have something on my mind, just confused.” (Miss)
	“You know when you come from a country in civil war or this thing, your head does not settle down, you know, feel nervous sometime.” (James)
	“Sometimes I can’t sleep for whole night, I can’t feel hungry, can’t eat.” (Orange)

Whilst many participants articulated what may be described as depression or anxiety, this sample did not commonly use these terms. This is

in contrast to the Caucasian-Australian sample who were likely to term their post life crisis emotions as depression despite not having been diagnosed as such. Participants in the Sudanese-Australian sample were most likely to use the phrase “*it still affects me*” when referring to enduring negative emotions, and this often could not be explained any further upon prompting. Idioms of distress such as these are important to understand and be aware of when providing culturally competent mental health care (Marsella & Christopher, 2004).

6.2.2 Acceptance

Acceptance for the Sudanese-Australian sample differed from Acceptance as expressed in the Caucasian-Australian sample. The Acceptance articulated by participants in this sample did not reflect an integration of the experience into the person’s life post-trauma, as is conveyed in the western literature (Tedeschi & Calhoun, 1995). Rather, it appears here as a necessary component to their survival. The Acceptance articulated here is that it was necessary to ignore the hardship and find a way to flee the country in order to save their life and the lives of their families (see also strength). For many participants, accepting that death may come was necessary in order for them to continue struggling to survive, because if they were to fear death they would be consumed by fear, and they would not be able to function. Table 11 highlights the exemplary quotations of Acceptance in this sample.

The seeming immunity to, or acceptance of, the hardships of the future is similar to the *Appreciation of Life* aspect of PTG in the Caucasian-Australian sample, specifically the facet of not worrying about the everyday

hassles of life anymore (Shakespeare-Finch & Copping, 2006). For example Kasara laughed that:

“What they [Australians] think is daily hassles, for me it is nothing! I’m happy I think, it’s not really much, it’s really nothing, is ok, because what I go through [war] is a big one. Yeah I was just talking to one of my friends she say you know what happen, you know my car broke down, I say that’s not a daily hassle, that’s not a problem, so what they think is hassle is nothing to us.”

In this sample, however, normalising suffering and accepting death was articulated as a survival mechanism rather than a result of growth. Schweitzer et al. (2007) found a similar notion in their sample of Sudanese participants which they included in their personal attitudes and beliefs theme. Schweitzer et al. state that the participants seemed to give up. Rather than simply giving up, however, it appears that this dimension reflects a realistic evaluation of the circumstances these participants find themselves in, that they could find themselves dead at any moment. However, this does not lead to the individual doing nothing (as one might expect from a person who has given up) but to the individual finding the strength to continue on, and to take risks in order to survive. This may reflect a process of cultural growth, in that through a protracted period of hardship the Sudanese culture has evolved to value struggle and accept it as a part of life.

Table 11

Quotations that Exemplify Acceptance

Facet	Exemplary Quotation
<i>Of Death</i>	<p>“I’ve seen the dead people die in front of me so there is nothing that is really more important, so I just sort of look at life, I just ignore it and say you die you die so there is nothing hard to that.” (Buom)</p> <p>“Time came when fear became nothing, because we are now used to the system, you see, you start fearing but in the process because you have accepted death any time, there is no more fear.” (Luku Luku)</p>
<i>Normalising Suffering</i>	<p>“Experiences of hardships ah! You become immune to it and you begin to consider that it is part of life and yeah, just live through... the only thing that consoles you is that this is war, this is how things are to be.” (Bibo)</p> <p>“So even you overcome it [hardship] like just a normal life, because like something you used to it.” (Orange)</p> <p>“This is part of the life, the experience, something that happen to you and you learn experience from that and you move on.” (James)</p>

6.2.3 Support

As may be expected for a collectivistic culture, *Support* is one of the most important resources Sudanese-Australian participants draw on in order to survive their experiences with life crises. Four facets of *Support* were elucidated from this sample, all with positive connotations in contrast to the negative social support emphasised by the Caucasian-Australian sample. These are displayed in Table 12 below.

Friendship. The most striking facet of this dimension was the unconditional friendship and support that is offered to Sudanese-Australian participants by their family and friends. This included the cultural practice of

staying with and caring for someone who has experienced suffering. Juwa stated, *“we just stay inside the house, people just staying for two weeks, talk to me, talk to me”*. This practice does not occur because the survivor has requested it of their family or friends, but is rather something that is done as a cultural norm. Similarly, eating, laughing, and talking together was important for members of this sample, though it was not necessarily a process of co-rumination, but rather a means of forgetting the challenges and focussing on fun. Friendship was therefore expressed as being a very important way to cope with the experiences Sudanese-Australians survived.

This facet supports research conducted by Schweitzer et al. (2007), who found that support given in the pre-migration and en-route periods was extended predominately by family and friends rather than service-providers. The support was given, both in the current study and in Schweitzer et al., not solely by immediate family, but by the whole family, including aunties, uncles and grandparents. This is typical of the collectivistic family unit, in which extended family members play an important role in the life of the individual (Hofstede, 2003). Friendship as a means of distraction has also been indicated in previous research (see also avoiding) (Goodman, 2004).

Table 12

Quotations that Exemplify Support

<i>Friendship</i>	<i>Standing Together</i>	<i>Talking about it</i>	<i>Advice Seeking (Story Telling)</i>
<p>“A friend is very important, that’s why it’s good to choose a friend who can give, who may share almost similar things because you will benefit from it.” (Bibo)</p> <p>“I have a lot of friend, I’m always with friend and when I have a difficulty they are there for me and also when they have difficulties I am there for them so is good.” (Miss)</p> <p>“First talking to some friends, really lots of friends helped me get through that from the church.” (Orange)</p> <p>“Maybe if I got some problems really hurting me, maybe I can tell one of my friends or an elder person.” (T)</p>	<p>“In Africa the most important thing... even if the war enter and you are alone but your neighbours and your friends they will not allow you to suffer by yourself, yeah they have to stand with you wherever they are going if you have the strength to go with them they won’t leave you, you have to survive with them together.” (Orange)</p> <p>“I’ve been encouraged from um, by my family, like my mum and my brothers, because I’m the last one they always encourage me and whatever is there they make sure that I do, they are guiding me to do the right thing, and sometimes I also see from their mistakes.” (Hope)</p>	<p>“That’s why if something happen like your person pass away people gather together and talk, advise you....” (Juwa)</p> <p>“Still I can talk to people about what happened, I am happy to talk to people about what happened.” (Kasara)</p> <p>“Well I do always, I do talk about it, yeah if anything happen, like when I’m talking to my friend the first thing I will start with an event that happen, they will talk about it then he will give me some suggestions.” (Yei)</p>	<p>“Everything in the world need just the negotiation... just need you to call people that can understand thing well, and just talk to them then if you have any problem.” (Buom)</p> <p>“In our tradition, when I hear somebody has this, I know in my mind if I were in that position how I would do it... I might have a story which relates to almost similar thing, I will always tell the person.” (Bibo)</p> <p>“Your friend can also give you advice, the way you feel, yeah they can give you advice.” (Juwa)</p> <p>“Then he [a friend] can just give me the advice, how you can manage that depression or anger.” (T)</p> <p>“Yes, that’s one of my things, let me say, one of my principles, and before I do anything I have to ask people whether if I am heading in right direction or not so that I will get advice before getting lost yeah.” (Yei)</p> <p>“you need to listen to others, you need to get advice from people... the advice that I acquired from different people are the ones who made me very strong.” (Mr Nice)</p>

Standing Together. Standing together refers predominately to the times in which people were experiencing crisis, however also refers to the offer of friendship that is extended to survivors within the Sudanese-Australian community. For example, Achani stated *“and for us as a family, what I like about our family is we stood together always through problem.”*

Support of this nature refers to the perception that as an ‘African’ you are never alone in your struggle. Support is given to the individual by their family, friends, neighbours and even strangers, because there is a feeling of solidarity in the struggle to survive the war experiences, and the post-resettlement challenges.

The importance of community and family support for survivors of war trauma has been indicated in previous research. The notion of standing together supports one theme found in a qualitative study on unaccompanied Sudanese youth who had been resettled in the US (Goodman, 2004). Goodman found that collectivity, or the expression that what is happening to the person individually is also happening to all around them, was a dominant theme for this sample of boys from the Dinka language group. Similarly, social support from one’s own ethnic group has been found to significantly predict greater mental health in a sample of Sudanese-Australians living in Queensland (Schweitzer et al., 2006). The solidarity that one finds in community groups that have been traumatised by common experiences is often seen as one of the most powerful antidotes to Posttraumatic Stress (Herman, 1992), and may suggest that rather than experiencing personal growth, survivors of war trauma may experience cultural or societal growth in the aftermath of the crisis. Whilst participants in the current Sudanese-

Australian sample were experiencing enduring distress, it was clear that the collective responsibility they felt for each other during their survival continues into their resettlement experience, and acts as an important coping resource for people in this population.

Whilst this collectivistic notion of *Standing Together* provides an important coping resource for Sudanese-Australian participants, the collective trauma experienced can also present ongoing distress for future generations through generational trauma. For example Luku Luku said:

“But it is because it is already there in the system, it is already in the blood, it has been dumped on me, the suffering, the pain it is still there, the muscles have not yet relaxed... it will take time because it has been a recurring process from our fathers to our grand grandfathers the suffering continue, we just inherited the situation, the tension from all the wars.”

Luku Luku’s suggestion that trauma is passed down through generations is similar to theories of intergenerational transmission of trauma, particularly apparent in children of Holocaust survivors (Albeck, 1994; Baranowsky, Young, Johnson-Douglas, Williams-Keeler, & McCarey, 1998; Kellerman, 2001). It has been suggested that the children of survivors of war trauma are particularly vulnerable to experiencing traumatic distress, and may be more susceptible to developing PTSD (Kellerman, 2001). Whilst this was expressed by a minority of Sudanese-Australian participants, the possibility of intergenerational transmission of trauma has implications for the mental health of future generations of Sudanese-Australians.

Friendship and Standing Together refer to support that is either designed to help one survive the actual events, or to take one's mind off it. In addition to these two facets, support was given in the post life crisis stage, where participants were experiencing intrusive rumination and were seeking advice.

Talking about it. Talking about the experience within a safe relationship, such as a friendship, was important to the Sudanese-Australian participants, regardless of gender. The aim of this self-disclosure appeared to be in order to purge the thoughts and feelings, rather than an attempt at processing them. Importantly, the act of talking about it was in response to automatic and intrusive ruminations, rather than a deliberate attempt to disclose information, and it appeared that the participants were likely to disclose only to close and trusted friends, rather than professionals. The possibility of seeking professional advice was either not considered, or was not helpful to this sample. For example, Orange and Kasara noted:

"And I don't think that we, the counsellors, the way counsellors here, it will work with Africans because we're not used to it, yeah, so we are African we got some problem sometimes we use different ways to solve it" (Orange)

"So by coming to you [counsellor] it's for you to help them to solve the problem, but if you say 'what do you think about this? How do you feel about this? Have you tried anything?' So it doesn't help them. Sometimes they will just walk out, and then they will ring anyone that they trust." (Kasara)

Advice Seeking. The majority of Sudanese-Australians expressed that they turn to friends, family, and elders for advice in any difficult situation. In cases where the friend or elder does not have any advice to give, they may share a story about themselves that helps the person decide what to do. Some interesting metaphor appeared in articulations about this facet, that the person may be “*heading in the wrong direction*” (Yei) and need advice in order to correct their path. It seemed clear that in this culture of respect for elders and their wisdom, the individual should not be responsible for deciding how to deal with a given situation alone, but rather should seek as much advice as possible. This can be linked to the Collectivistic culture of the Sudanese people, and is discussed in further detail in Chapter Nine.

Whilst Goodman’s (2004) study included a quotation that briefly mentions this advice seeking cultural value, no previous literature seems to focus on this idiom of support as an important area for reflection for the mental health profession. This concept is perceived by the Sudanese-Australian sample as being in direct opposition to many Western counselling techniques, in which the focus is on the individual’s interpretation of their experience and how they think they would best move forward. For example, Kasara noted:

*“Social work here is just listen to people, you don’t
advices, just talk, you help them to help themselves, they
have to take decision for themself, but in Africa they try
to tell them decisions.”*

The notion of advice seeking may be a potential area for development in Western psychological practice in order to provide culturally appropriate

support. This may be possible through the story telling technique that is used by Sudanese-Australians. Predetermined stories about a person who experienced similar things and what they did about it could facilitate discussion between counsellor and client. This would be in keeping with Sudanese tradition, ensure the client feels they have been provided with some advice, and also stay in keeping with Western traditions of allowing personal reflection, rather than direction by the professional. Further discussion of the implications of this facet for practice can be found in Chapter Nine.

6.2.4 Coping and Growth

Personal growth as an outcome of experiencing adversity was articulated often without prompting for the Caucasian-Australian sample, whilst coping mechanisms or the process by which these growth outcomes developed were left largely undiscussed. Conversely for the Sudanese-Australian sample, their coping and survival mechanisms were prominent, and growth outcomes were never spontaneously mentioned or even expressed when prompted. That is, Sudanese-Australian participants were more likely to express positive aspects of the trauma adaptation journey as reasons for their survival, rather than as beneficial outcomes resulting from their experiences. In this respect, PTG for the Sudanese-Australian sample is seen as a process, and having occurred on a cultural or societal level, rather than on a personal level.

The dimensions contributing to positive trauma adaptation that could be described as processes by which growth is continuing to occur, or as coping mechanisms encouraged by cultural or societal growth were: Religion;

Strength; New Possibilities; and Compassion. Sections 5.2.5 to 5.2.8 below discuss these dimensions and their commensurate facets.

6.2.5 Religion

For many participants in the Sudanese-Australian sample, religion was articulated as among the most important coping resources. Exemplary quotations for the three facets of religion can be found in Table 13 below.

For those who expressed religious faith, the majority attributed their survival to God. This is exemplified in the *God will Guide* facet of this dimension. For example, Hope commented that “*One day God will hear, God will not always abandon his people, he will do something for them.*” The faith in God’s guidance seemed to be taken as a given, not as a way to construct meaning from the event. For these Sudanese-Australian participants, that God plays an active role in one’s life is a matter of fact, not faith alone. This facet supports previous literature, which has also found that the belief that it was by God’s will that they survived provides comfort to those who have survived war in Sudan (Goodman, 2004; Schweitzer et al., 2007).

Due to this faith in God, the effect of prayer as a healing mechanism for these survivors of trauma is significant. For example, Orange commented, “*first thing we use prayer... the first thing you pray for whatever you’re thinking about.*” For many participants, the act of praying allows them to have the hope that God will guide them through difficulties. Similarly, for many participants reading a passage in the Bible gave them hope, guidance, or counsel. This is consistent with Schweitzer et al.’s (2007) study of Sudanese-Australians living in Queensland, who also expressed the use of prayer as an important source of support.

Table 13

Quotations that Exemplify Religion

Facet	Exemplary Quotation
<i>Faith and Fatalism</i>	“So that’s why we have just been going step by step in our faith and until we can reach our journey.” (Orange)
	“We say that everything has its time, maybe it’s not my time so I have to be patient, you always get what you deserve and if you are in a hurry you will get something that you don’t deserve, so we are being patient.” (Yei)
	“So when you wake up early in the morning you say God it is you who knows my day because me I don’t know when, what time I’m going to die.” (Luku Luku)
<i>God will Guide</i>	“If something is happen for you and you have to first believe your God, put the God first because if you just believe now God, if the God will be there.” (Juwa)
	“Yes he [God] won’t let me down. So nothing will happen to me, what I believe in is that I haven’t done anything wrong, so if it’s because of the fear of my safety for my life and my kids life that I have to leave the country, so yeah he will guide me through.” (Kasara)
	“We really know about God, and sometimes if you are in problems you can just open your bible and then you will get another chapter there so you read it, so it is like just giving a counselling.” (T)
<i>Prayer</i>	“What I can do is to pray hard and let them be alive.” (Juwa)
	“So that situation went on for quite some time and it was really challenging because there is nothing that you can do, you just pray that you survive within that environment.” (Luku Luku)
	“Sometimes you can ask the pastor so you can tell what is bothering you and the pastor he can pray for you give you encouragement.” (T)

In addition to the specific faith in religion, a sense of fatalism is apparent for many participants. For the Caucasian-Australian sample, and in much Western psychological literature, the internal, individualistic locus of

control is indicative of resilience (Harvey, 2007). However, a fatalistic locus of control appears to be a) culturally appropriate for this highly religious and collectivistic sample; and b) appropriate given the intense lack of control these survivors of trauma had over the war situation in Sudan, and in their day to day lives in Sudan. As was described in Chapter One, black Christian Sudanese were discriminated against and were not given control in the political arena, and therefore the fatalism expressed by this sample is reflective of their acceptance of their life circumstances.

An extension of this is the *God will Guide* facet, in which control is placed in a higher power as one has little control for themselves. Essentially, however, this dimension is also an extension of the *Strength* dimension (see section 5.2.6 below), mirroring the biblical notion that God helps those who help themselves. For example, Juwa stated:

“Something is coming to kill you like elephant, or lion, lion is coming to kill you, and you sit in the one place and pray ok this thing is not going to hurt me, no! You go, you run, and you continue to pray and God will help you, but if you sit down and just pray, the lion is coming to eat you in the one place, yeah that will happen to you, but if something happen to you put the God ahead and continue to try hard, God will help you.”

Therefore, whilst the Sudanese-Australian participants were more likely than Caucasian-Australian participants to situate their trauma experience and survival in a framework of intangible causes, such as fatalism and religion, this was not passive relinquishing of control or of their ability to survive.

Instead, fatalism and religion are tools used in coping with these experiences and in having the strength to survive, and a means by which to develop and grow. Chapter Nine discusses the possibility of these coping mechanisms being explained by secondary control (Rothbaum et al., 1982; Weisz et al., 1984). It is important when working with Sudanese-Australians to foster resilience and positive post-trauma adaptation, that these cultural differences are taken into account (Harvey, 2007).

6.2.6 *Strength*

Strength was expressed by the Sudanese-Australian sample, however rather than being articulated as a growth outcome (*I feel stronger because of my experiences*) it was articulated as a survival and coping mechanism (*I survived this hardship because I am strong*). Similarly, *Strength* was not only expressed as a personal quality, but as a necessary factor for success in life for all people. The personal attitude of strength is endorsed in previous literature (Schweitzer et al., 2007). However the extent to which it permeates the experience of suffering for this cultural group is reflected to a larger extent in the following facets: Hope and Determination; Personal Strength; Hard Work, and; Success despite Challenge.

Hope and Determination. Hope and Determination refers to the individual believing in their own ability to survive, being determined to survive and create a good life for themselves, as well as placing hope in religion. As expressed by the participants, often the only thing to do is hope and struggle to survive despite the hardship that is being faced by Sudanese people. To give up would mean death in many cases. Luku Luku said:

“Because the spirit was there, to be determined and do something with myself. I say I’m suffering, but I’m suffering positively. I’ve not lost the focus, I haven’t lost my determination and I’m not going to give up.”

This cultural value may have developed as a result of the hardships associated with life in Sudan, and therefore could be conceptualised as cultural or societal growth.

Personal Strength. Personal Strength refers to the expression of one’s own feelings of strength and independence. This personal strength allowed many participants to survive through the hardship, by giving them a focus. For male Sudanese-Australian participants, this was often expressed as part of being a man and the head of a family. It is the man’s duty to be strong and not to let the struggle overcome him. Women were equally likely to articulate their feeling of personal strength, oftentimes in order to support their children. Interestingly, Bibo stated that the cultural value of ‘being a man’ was not only a male gendered trait, but that women were also encouraged to be a man, that is, to be personally strong.

Table 14

Quotations that Exemplify Strength

<i>Hope & Determination</i>	<i>Personal Strength</i>	<i>Hard Work</i>	<i>Success despite Challenge</i>
<p>“This is actually what gives me hope and what makes me overcome things, not giving up, because if you give up it means you are defeated, there’s nothing else.” (Bibo)</p> <p>“So that’s what I managed to do with the hope that I put forward and determination and I’m now here. What I know is if you are determined on something you can make it happen.” (Kasara)</p> <p>“Without hope you cannot really do anything, you will not even know that there is going to be a future for you, let me say there is no hope there is no life.” (Hope)</p>	<p>“You have that hope, that strength... that you are a man nothing can defeat you.” (Bibo)</p> <p>“I am strong for myself, I know why I’ve come here.” (Gale)</p> <p>“My father kept telling me that you can’t really depend on somebody to do everything for you, you have to do it because sometimes that person might get away, might die, may disappear and then you have nothing to do, so you have to think of what to do so really, my mind helped me to get me to where I am, and then I am really proud of it.” (M)</p>	<p>“Then I want to work hard for my children.” (Achani)</p> <p>“Of course it means hard working and good planning is very important about what to do when to do it and why to do it you know, yeah so hopefully something will work out from that.” (Luku Luku)</p> <p>“Our strength since we got a job, we are not, more worriers before, we are able to work hard even up to weekend we don’t mind, so we still surviving, paying our bills and help both families in Africa.” (Orange)</p> <p>“I thought no I have to be strong I have to do everything for myself, I have to work hard, I have to achieve something, I said I must I must look for ways in order to better myself.” (Mr Nice)</p> <p>“I will concentrate hard and study, so that I can whatever I have gone through maybe as a child I do not want it to happen to my kids in the future.” (Hope)</p>	<p>“Life is hard sometime, yeah life is hard and sometimes you will start with the hard life [but] at the end of your life you will just go and feel happy.” (Juwa)</p> <p>“People are only succeeding only, being successful doesn’t mean they didn’t go through challenges.” (Gale)</p> <p>“So even if I get some difficulties when I am doing something I say I’m a man I must do it.” (Bibo)</p>

Hard Work. Hard Work refers to the articulation that through all the struggle Sudanese-Australians have faced, in Sudan, en-route, and in their resettlement in Australia, these participants have had to work extremely hard to survive and achieve. This is expressed not only from a personal perspective, but is also central to this Sudanese-Australian sample's cultural values. For example, there was a great emphasis placed on the importance of education, employment, and providing for one's children. It is believed that hard work will enable one to survive through hardship, combined with having hope, determination and personal strength.

Success despite Challenge. Integral to the notion of having strength is that success is possible in the face of adversity. This is most akin to the PTG construct, in that struggle is seen as a precursor to success, and that through hope, determination, personal strength, and hard work, one will achieve what they deserve. Again, this raises the possibility that growth for Sudanese-Australians, whilst not articulated as a personal outcome, may have been developed over time as a response to societal hardships. *Success despite Challenge* in particular may therefore be a cultural variable that can be attributed to a process of cultural growth through the struggle to cope with adversity.

6.2.7 New Possibilities

The *New Possibilities* dimension is impossible to differentiate from the resettlement of the Sudanese-Australian sample to Australia, a country in which opportunities for education in particular, enables these participants to explore new life paths. The transition from the refugee camp to Australia is

seen as an opportunity to begin a new life after the hardship of war and life in the camp. The *New Opportunities* facet of this dimension reflects the opportunities that are available for participants in Australia that were not available to them in Sudan.

Table 15

Quotations that Exemplify New Possibilities

Facet	Exemplary Quotation
<i>New Opportunities</i>	“Especially the children here they got a lot of opportunity that they can do.” (Achani)
	“If you have a way to go to school why don’t you take the chance instead of wasting it, because we have wasted a lot of time there not going to school, a lot of terrible things which we don’t want to hear it. We should start thinking and plan our future properly.” (Yei)
	“Going through hardship has opened for me that anything is possible.” (Gale)
<i>Starting a New Life</i>	“I have that hope that I have started a new life I am building good friends and things are going well.” (Bibo)
	“If you start meeting your expectations, your family is doing well, your children go to school, you have seen that they are living a different life, which means you are now moving towards your goal.” (Luku Luku)
	“When I am very old I can remember that time I experience a lot of things... but I just put it behind and put new life ahead.” (Juwa)
	“My education gives me another focus...just forget about the way that, before, and see the new future for myself...I will say just to concentrate on my study to hope for the new future one day. Start a new life.” (James)

However, this dimension bears some similarities to the Caucasian-Australian *Focus on Life's Positives* dimension, in terms of the feeling that the slate has been wiped clean, and now is the opportunity to begin life anew. This was expressed in the *Starting a New Life* facet of this dimension (see Table 15 above), the most prominent facet for *New Possibilities*. This new life was seen as an opportunity for the Sudanese-Australian participants to move on with their lives, to forget the hardship they have faced, and to take advantage of the new opportunities that present themselves.

The feeling that they are able to take advantage of new possibilities is one that has been documented in Sudanese samples in previous literature. Goodman (2004) states that the young Sudanese boys in her sample were able to replace the hopelessness they previously felt about their lives with the hope for a better life. This endorses the facet of *Starting a New Life* in the current sample. In both the Sudanese- Australian sample and Goodman's US sample, the emphasis is placed on new opportunities in education, and that in education is "the means of being somebody" (Goodman, 2004, p. 1190). In a study of Oromo and Somali refugees who had resettled in the US, having a focus on new possibilities, thinking they had made the right choice in migrating, and having no plans to return to their home country permanently was shown to have a significant effect in reducing PTSD symptomatology (Halcon et al., 2004). Focusing on creating a new life in Australia may be similarly effective in supporting mental health for the Sudanese-Australian population. New Possibilities can therefore be seen as a PTG outcome that has personal significance to Sudanese-Australian participants as they rebuild their lives post life crisis.

6.2.8 Compassion

Compassion is a cultural value for the Sudanese-Australian participants, which is similar to the *Compassion* dimension elicited in the Caucasian-Australian sample. Their collectivistic ideals influence Sudanese-Australians to help one-another, and is particularly expected of the individual once they have become successful. However, for this sample, their compassion came also from witnessing the suffering of others within their community, and from going through the challenges that they had personally experienced. For example, Juwa stated, *“If you can you can get money to help people if your friend is suffering, yeah you can help... I will say in my life in my future I wanna help orphan.”*

This is similar to the Caucasian-Australian sample, as participants in that sample expressed that they had an increased empathy or understanding once they had experienced trauma (Shakespeare-Finch & Copping, 2006). Sudanese-Australian participants were also likely to express a desire to work with Africans, to contribute to charity causes in Africa such as orphanages, or to work hard to send money back to their families in Africa. This is consistent with the Caucasian-Australian participants’ desire to work with people who had experienced similar crises as they had themselves experienced (Copping et al., 2008a; Shakespeare-Finch & Copping, 2006).

Table 16

Quotations that Exemplify Compassion

<p>“This gives you also another way of like trying to help others... when you help somebody, you are able to help people, that’s a good sign of success in your life.” (Bibo)</p>
<p>“I better do my social work and I can help my community, not only to get a job, but just provide the services and link them between Africans and how to cope with the life.” (Kasara)</p>
<p>“When I came here after little bit settled I went back to school I studied, I get a job maybe one day I will sponsor orphans.” (Miss)</p>
<p>“We Africans we have a different culture, like me now I am the first born so I have to help my younger brothers I have to send them money, they have to go to school or if somebody sick, I have to send money to be treated, yeah we have a different culture we used to help each other.” (T)</p>
<p>“I’m hoping that I’ll always help people, people who have problem.” (Yei)</p>
<p>“After graduating and becoming a registered nurse I would like to work with the united nations, or maybe like the red cross or one of the non government organisations that, like, travels to third world countries... I’ve got the opportunity to come out here and actually be somebody or get the opportunity to study and then I will also be able to give back, yeah, based on the experience I’ve gone through.” (Hope)</p>

Whilst empathy and understanding were not directly articulated by the Sudanese-Australian sample, it was still evident that participants were empathetic to the needs of others within their community in the story-telling, advice and friendship that they provided (see *Support* above). The day to day lived experience of hardship allowed these participants to feel compassionate towards members of their community, and was expressed as a cultural value to help one another. There was also a sense of contributing to the Australian community in terms of becoming integrated into the community, being a good person, and working hard. For example, when talking about his son who had

achieved sporting success and appeared in *The Examiner*, a local Australian newspaper, Bibo stated:

"These are the things that make a good name. These are the things that count to success, so you already have succeeded. You have already appeared in the newspaper, I have never been in the newspaper, so this is good, so this is a sure contribution to your group. You have already entered the history of Northern Tasmania."

6.2.9 Avoiding

As was discussed earlier, during their experiences of hardships the Sudanese-Australian participants expressed an acceptance of, or resignation to, life as they knew it. However in their post-trauma journey these participants expressed a deliberate avoidance of lasting memories of their experiences, and therefore the *Avoiding* dimension appears after the coping and growth dimensions. The coping and growth dimensions allowed the individual to survive throughout their experiences, and help them to continue on with their post-trauma life, however memories of the traumatic experience/s itself was clearly avoided by the majority of this sample. In this regard, avoidance of triggers, and trying to forget the experience, are perceived as coping mechanisms for these Sudanese-Australians. Essentially, the mantra is that what is past should remain in the past "*because more you talk about it more it will still be on your mind*" (Orange). This appears to be common across different samples of Sudanese populations. For example, Goodman (2004) elucidated a theme from her sample of US-Sudanese youth

titled “Suppression and Distraction: ‘Thinking a lot can give you trouble’” (Goodman, 2004, p. 1184).

Avoiding Triggers. Similar to the PTSD avoidance cluster, it was apparent that participants in the Sudanese-Australian sample were likely to actively avoid triggers of memories of the events they had experienced. Participants articulated an avoidance of watching news programs or movies related to war. As this falls within the diagnosis of PTSD, it would be easy simply to refer to Western style therapies in this case. However, it is important to note the cultural value systems that may be promoting this kind of response. As mentioned previously in the *Strength* dimension, the cultural value of ‘being a man’ is prominent in this sample. Therefore the act of avoiding triggers, and therefore avoiding emotional reactions to these memories, is valued culturally as the right thing to do in coping with traumatic events. This is also reflected in the second Avoiding facet.

Trying to Forget. As well as actively avoiding triggers of the memories of war and hardship, participants in this sample were active in trying to forget their experiences. Participants articulated the notion that if one was to think of their bad memories all the time, they would be consumed by them and never be able to function in life. For example, Kasara stated:

*“Because to recall these things is when you are down
and you have nothing to do, so you will think about these
things, but going to work, going to school, taking care of
the kids cooking, all of the time, and sometimes on
Sunday or Saturday I go out with the kids, go to the park,*

yeah, just keep myself busy all the time, not letting myself think about what happened.”

Table 17 below highlights additional quotations that exemplify *Avoiding*.

Table 17

Quotations that Exemplify Avoiding

Facet	Exemplary Quotation
<i>Avoiding Triggers</i>	“I can’t watch tv, especially tv I can’t watch, let me say, Iraqi, Iraqi fighting, I can’t watch I will just cry at that type of movie.” (Achani)
	“It [reading a diary] will bring back the memory of what has happened. Yeah. I don’t want that.” (Kasara)
	“That’s why sometimes I don’t like to watch the news lots of the time, because the more I watch the news more it’s coming... and sometime when I watch news things happening I start getting tear.” (Orange)
	“[when family calls] I never ask about the friend because all the time you want to ask about someone and ‘oh that one is killed a long time ago’... if he tell me about some other people I will talk about it but I will not ask, because too many lost life and it’s quite sad actually.” (James)
<i>Trying to Forget</i>	“You need to be happy and not thinking about all the time problem problem, if you think all the time problem, this one is no good, this one and that one you will find the life is hard for you.” (Juwa)
	“[I] get the phone and talk to my friend, talk to my friend then it will just disappear, maybe they will start another topic then all those things disappear... if this is the life you are living it is better to do something else, in order to forget about it.” (Yei)
	“It is important to try to forget, if you can forget then you can have good feelings.” (Gale)
	“I’m alright I don’t think of all the bad memories or, I don’t bring it into my memory and that’s how I am.” (Mr Nice)

Therefore, it was important for the majority of these participants not to think of the things they had experienced in their day to day life, but to instead focus on the hope and determination they had for a better life. Again, this was expressed as a cultural value, that one cannot change what has happened in life, and that no amount of counselling would change the way it had affected the person.

The high incidence of avoidance related coping in their post-trauma journey is well-established in refugee trauma literature. For example, Halcon et al. (2004) found that avoidance strategies, particularly distraction strategies, significantly reduced the likelihood of PTSD symptomatology indicated by Somali and Oromo refugees who had resettled in the US. Similarly, Schweitzer et al. (2006) found that 71% of their sample of Sudanese-Australians had deliberately avoided thoughts and emotions that related to their experiences with life crises. In their qualitative investigation of coping resources in Sudanese-Australians, Schweitzer et al. (2007) found that one way in which social support was perceived as effective, was by providing distraction to the individual. This sentiment was also mirrored in Goodman's (2004) qualitative study, in which keeping busy was cited as an effective coping resource. This was endorsed by the *Trying to Forget* facet in this sample, in which participants expressed that keeping busy or talking with friends about another topic helped to take their minds off the intruding recollections.

This style of avoidance may be effective for many members of the Sudanese-Australian population, however it is also clear that enduring distress, including residual anger issues, continue to impact upon some

participants. It is important to note that for many, survival was only possible by suppressing emotions during the war (Goodman, 2004). However, whilst this is perceived as an effective coping mechanism for the Sudanese-Australian participants during times of conflict, it may also prohibit deliberate rumination and therefore may limit the ability of this cultural group to experience growth outcomes. An extended discussion of *Avoiding* continues in Chapter Seven in light of the additional data elicited from the West-African sample.

6.2.10 Rumination

Despite this focus on utilising avoiding strategies to cope with life crises, the Sudanese-Australian sample articulated that they were engaged in a great deal of rumination. There is a strong sense that although participants strive to put the hardships they have faced aside in the hopes of beginning a new life, it is in fact impossible to forget their experiences. This is reflected in the *Can Never Forget* facet of this dimension. When asked if he thought he would always be affected by his experiences, Bibo commented that:

"Yeah of course when something happens to you, you don't just forget it like that, that's a man's history...it will never go away...you can't forget something that you saw."

These experiences are therefore acknowledged as an important part of participants' life history, but not one that they want to continue to have an effect on their lives.

The second facet, *Thinking About It*, occurs in the form of flashbacks, nightmares, and intrusive ruminations. These fall within the Rumination cluster of the PTSD diagnosis. This then coincides with the Avoidance dimension, in that when the intrusive thoughts arise, participants deliberately attempt to push them aside. There is, however, some evidence within the *Thinking About It* facet that suggests that participants are beginning the deliberate rumination process. For example, some participants expressed a questioning of their experiences and why it had happened to them (see Table 18 below).

Table 18

Quotations that Exemplify Rumination

Facet	Exemplary Quotation
<i>Can Never Forget</i>	“I can’t forget completely, sometimes the memory come back, it upsets me.” (Gale)
	“I know it’s already past, I can sit with it here in my mind but it won’t affect me, it won’t affect me in any way.” (Mr Nice)
<i>Thinking About It</i>	“Sometimes you think of, if like, if, it involved interrogations, things that I know can, sometimes I flash over it I say ok, questions that I was asked, should I have answered differently, what would have been the consequences?” (Bibo)
	“When I came here and tried to recall back and see all those mistreatment, it was really really hard.” (Achani)
	“You are feeling, totally start asking yourself question now, is this you know, what belongs to me, because it’s, you know like some people start asking am I born in Africa by mistake?” (Luku Luku)
	“Sometimes I get quiet, I don’t talk with my kids I just stay quiet all the things are in my mind like I went back and what I’m doing. Just thinking all that stuff.” (Miss)

Goodman (2004) proposes that the intrusive ruminations increase as former refugees begin to feel safer, and no longer need to employ avoidance coping techniques in order to survive. This would also explain the curvilinear trend in PTSD symptomatology found in the literature on post-resettlement mental health in former refugees (Davidson et al., 2008). Research investigating PTSD symptomatology in refugee populations has found that the re-experiencing cluster is consistently the most commonly endorsed factor (de Jong et al., 2001; Pham, Weinstein, & Longman, 2004; Schweitzer et al., 2006).

In practice, it may be helpful to provide a safe environment for clients to explore the emerging questions symbolic of deliberate rumination, whilst continuing to manage intrusive recollections. In particular, the *Can Never Forget* facet, in combination with the story telling nature of the *Support* dimension may suggest that testimonial style therapeutic techniques may be effective in allowing Sudanese-Australians to employ deliberate rumination whilst also remaining close to culturally endorsed coping styles. This could also be accomplished by developing the support resources and competencies available within existing local communities, in keeping with the collectivistic notions of support highlighted in this chapter.

6.3 Summary

In summary, Study Two demonstrated both similarities and differences in the trauma adaptation journeys for Sudanese-Australian participants. Significant findings included the ongoing nature of distress for this sample and the acceptance of hardship as a normal part of life. Support in this sample

appeared to be more positive in nature than in the Caucasian-Australian sample, and there was an emphasis on seeking advice not found in the Caucasian-Australian sample. This often led to doubts being expressed regarding the nature of mental health support in Australia. There was an apparent lack of articulation of PTG as a personal growth outcome by the Sudanese-Australian sample, however coping resources and means by which positive adaptation occurred that were elicited from this sample followed similar lines to PTG processes described in the literature, including *Religion*, and *Strength*. These dimensions may also be reflective of cultural or societal growth occurring as a result of protracted hardship in this nation.

Similarly to the Caucasian-Australian sample *Compassion* emerged as a trait of survivors of trauma, and *New Possibilities*, whilst also a result of the resettlement process, was expressed as a personal growth outcome.

Interestingly, *Avoiding* was expressed as an effective coping mechanism for this sample, however *Rumination* was also elicited as a continued aspect of distress for Sudanese-Australian participants. These findings will be discussed in detail in Chapter Nine.

Chapter Six has therefore discussed a robust model of the experience of trauma from the perspectives of Sudanese-Australian participants. This model shows several similarities and differences to that described in Chapter Five. Chapter Seven will now discuss Study Three in which a model of the trauma adaptation journey for a West African-Australian sample was elicited.

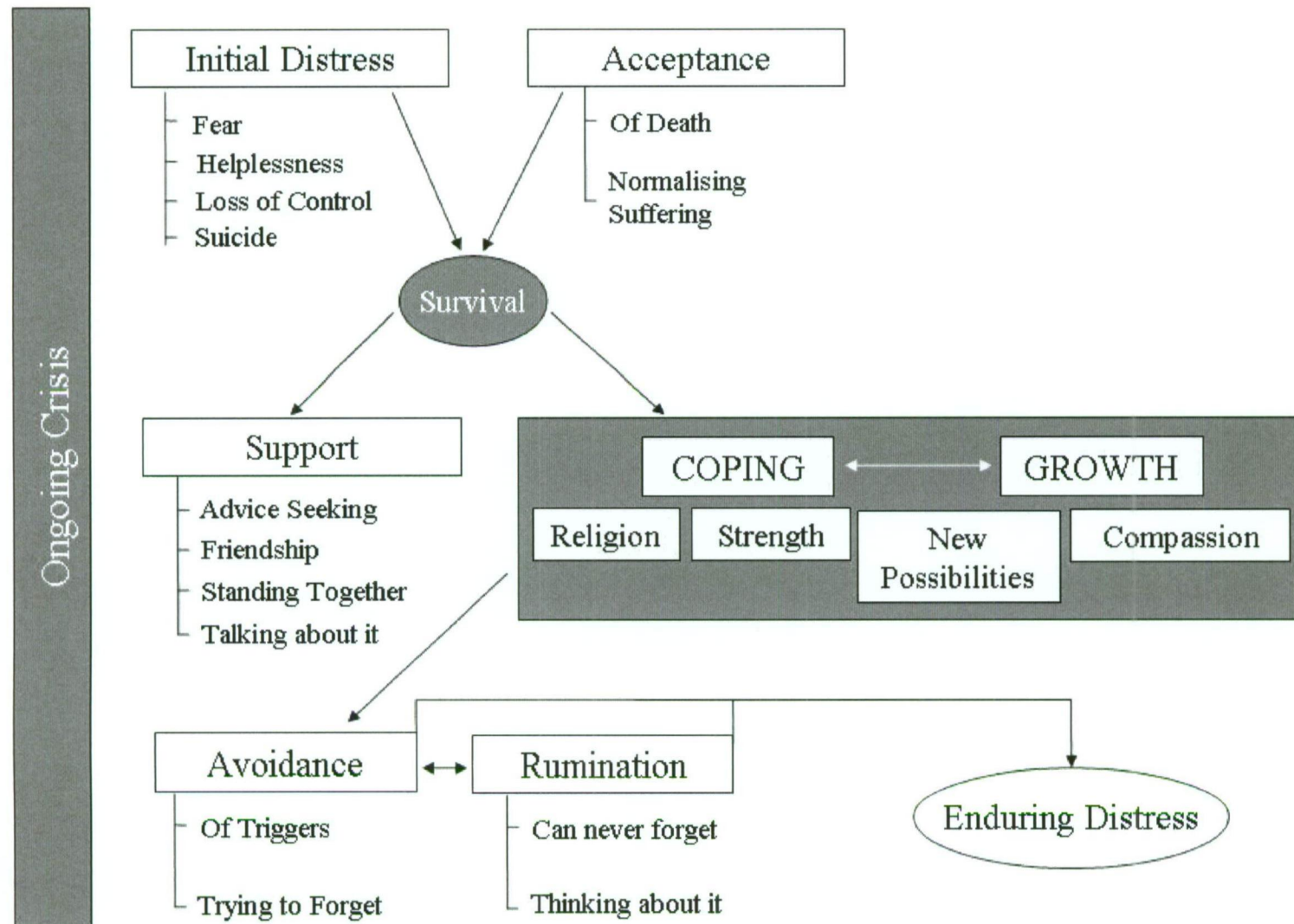


Figure 9. A model of the experience of life crises from the perspective of the Sudanese-Australian sample.

Chapter Seven

Study Three: A West African-Australian Story

"However long the night, the dawn will break"

- African Proverb

As discussed in Chapter Six, Study Two of the current investigation comprised the experience of life crises from the perspectives of a Sudanese-Australian sample. The second highest intake of African Humanitarian entrants in the Launceston area come from West Africa, specifically from Sierra Leone and Liberia. The peoples of these nations have been subject to successive decade long wars, in which some of the most brutal rebel forces in history have been formed. Sierra Leoneans and Liberians have therefore survived atrocities equalling the magnitude of those of the Sudanese. Study Three aimed to investigate the experience of life crises from the perspectives of West African-Australians, specifically the factors that impact upon the process and outcomes of PTG. This chapter discusses the results of Study Three, detailing the model of adaptation to life crises elucidated from a West African-Australian sample, along with an explanation of themes present for this group.

In the initial stages of this study the Sierra Leonean and Liberian samples were divided into two separate samples, however after several interviews it was apparent that the two could be collapsed to saturate themes that appeared consistently across both samples. No major differences were being elicited from each sample. Though of differing nationalities, the peoples of Sierra Leone and Liberia are from neighbouring countries which

cover a mere 7.3% of the area of Sudan combined. Their peoples are from largely similar tribal groups, including the Mende and Temne peoples, and both countries were colonies of Western nations (Britain and the United States respectively) used to resettle freed slaves. The civil wars of the two countries, though occurring for different reasons, occurred in the same period of time, and rebel groups often crossed border lines. Due to the conceptual similarities in the emerging models of trauma adaptation, and in the cultures of the two nations, collapsing the Sierra Leonean and Liberian perspectives into a single West African sample was deemed appropriate. This is in keeping with previous research which has consistently collapsed data from Sierra Leone, Liberia, Guinea, Ghana and other neighbouring countries into West African cohorts and was only initiated after consultation with professionals within the sector and community members. The nationality of participants is, however, indicated in the results herein.

7.1 Method

7.1.1 Participants

Saturation appeared to occur at 15 participants. Participants self-identified as Humanitarian entrants to Australia of Sierra Leonean or Liberian birth and as survivors of a life crisis. The sample comprised five Liberian and ten Sierra Leonean participants (9 male and 6 female) ranging broadly in age from 19-57 years ($M = 35.07$, $SD = 11.36$). Participants were recruited through the Migrant Resource Centre of Northern Tasmania ($n=3$), the University of Tasmania ($n=3$), the West African Women's Group ($n=2$), the Sierra Leonean community group ($n=2$) and via the snowball method ($n=5$).

Recruitment and ethical procedures followed that described in Chapter Six (p. 129), and in Chapter Four. All names appearing in this chapter are self-selected pseudonyms, ensuring the anonymity of participants.

7.1.2 Procedure

The procedure for this sample was the same as that described on page 101 in Chapter Five. No strict interview schedule was adopted, and all interviews were digitally recorded and transcribed. The Grounded Theory methodology was employed in the analysis as described in Chapter 4 utilising the N'Vivo 8 qualitative data analysis software.

7.2 Results and Discussion

The model developed for this sample can be seen in Figure 8 below. As can be seen in the diagram, the model is very subtly different to the Sudanese-Australian model, and encompasses many of the same dimensions and facets. However, there are qualitative differences within these dimensions and the facets they encompass in the relative use or experience of each, or in the way that they were articulated. These are described in detail in the following sections. Compared to Sudanese, South African, and Horn of Africa populations, West Africa receives little attention in the literature, and there is a dearth of research on coping or growth in the West African peoples. Therefore, the discussion that follows is based on the similarities and differences of the West African-Australian model of trauma adaptation to a range of collectivist populations, including the Sudanese-Australian model described in Chapter Six, other African populations, and Latin American and Asian samples.

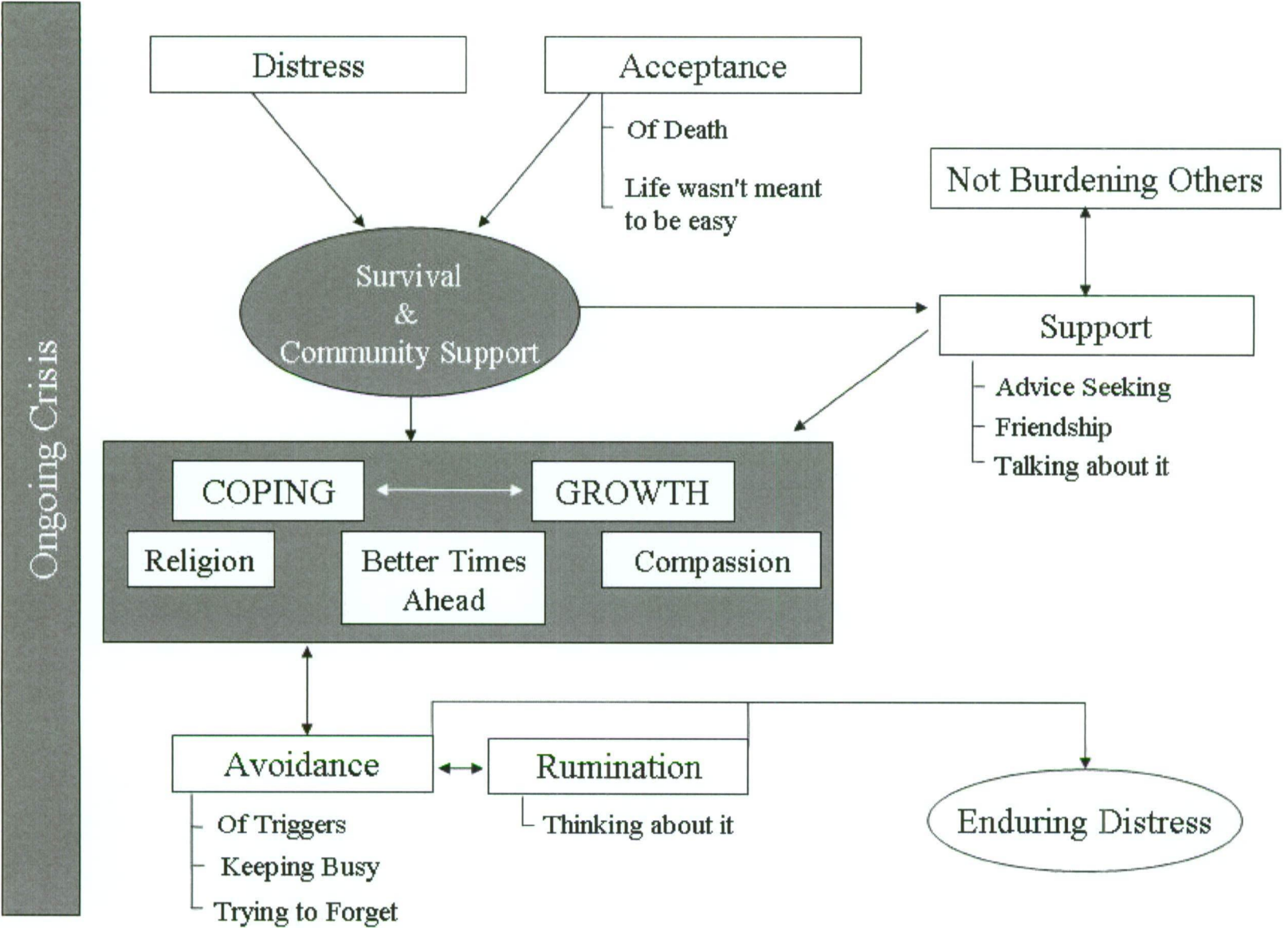


Figure 10. A model of the experience of life crises from the perspective of a West African-Australian sample.

7.2.1 Distress

West African-Australian participants were more likely than Sudanese-Australian participants to express the distress they felt at the time of the event, and in particular the experiences that they had actually had. In this regard, interviews with West African-Australian participants followed a similar chronological pattern to those of the Caucasian-Australian participants. Whereas Sudanese-Australian participants were likely to speak generally about 'hardships' and to allude to events they had witnessed or experienced, the West African-Australian participants spoke about the details of experiences they had, including witnessing family members being killed or raped, being abducted or imprisoned, tortured, or the fear of fleeing their home city when the war came.

For many participants, discrete traumatic events occurred in a similar manner to those of the Caucasian-Australian sample, however in the West African-Australian sample's case this led to their becoming a refugee due to the conflict in the surrounding country. This then led to the protracted crises involved with the refugee experience. Sierra Leonean and Liberian participants did not endorse suffering from generational trauma that was elicited from the Sudanese-Australian participants, perhaps as the civil wars in Sierra Leone and Liberia were more recent and of lesser duration. Similarly to the Sudanese-Australian sample, these participants continued to experience enduring distress as a result of traumatic memories, but also due to ongoing life crises in their experiences en-route to Australia and in their acculturation process.

Table 19

Quotations that Exemplify Distress.

Facet	Quotation
Distress	“I have been made to live with that kind of pain in my heart, so anytime I hear about something like that, rape, I become very, very angry” (Biboh Sama, Sierra Leonean)
	“It is this that worries me a lot, there is something that happens, and I get really angry about it, there are some things even after I think, ah what was really the problem? What is really with me? I don’t fully understand what made me angry” (Reedan, Sierra Leonean)
	“I just feel sad, and sometime even cry” (Jaidy, Liberian)
	“Up til now scared. Sometimes I can’t stay here by myself, if I remember, scared...Sometime if I’m sleeping I will scream I see those like killing people those things yeah.” (Nelly, Sierra Leonean)
	“I started thinking, I’m alone, is no mum, no dad, no family, no brothers, no sisters, nobody know of where they are” (John, Sierra Leonean)
	“There was noone who to really depend on to say they will come to my aid to come and help me” (Mary, Liberian)
	“Yes I do get sad and I do get lonely, and sometimes it’s like I wanted to go home” (Sally, Sierra Leonean)
	‘I thought I was alone in the world since I have lost all my people and I have suffered grievously’ (Simon, Liberian)

As can be seen in Table 19 above, distress discourse for the West African Australian sample, like the Sudanese-Australian sample, contained elements of physical and emotional distress linked to traumatic memory, and continue to experience intrusive rumination (see section 7.2.12 below). Therefore a holistic approach to culturally appropriate mental health care

must retain the understanding of traumatic memory and distress dominant in Western psychological thought, whilst also incorporating an understanding of other sources of distress.

Participants in this sample were more likely to talk about crying than the Sudanese-Australian participants, for example Rosaline (Sierra Leonean) stated *“sometimes when I am sad I will just sit down and start crying, like if I remember back what happened.”* However crying was often articulated as a reluctant admission for male participants, as can be seen in Jaidy’s (Liberian) comment in Table 19 above that, *“sometimes I even cry”* [my italics] and in Reedan’s (Sierra Leonean) statement that, *“there are some times that you talk about things and before you realise you start crying, and that I don’t like, crying about these things.”* John explained the difficulty West African men felt with this expression of distress:

“I had to cope for myself, I used to go down to the beaches, where we were not allowed in, to cry. In Africa men don’t cry, they do but... in a different form for our culture, which is one where the man is a macho, he doesn’t cry, but I have to [cry]... and I would realise it’s because of what I have been through, so that is how I coped, I try to cope by, by letting me feel the pain.”

Crying may therefore cause African men to feel that their masculinity is diminished. Providing a safe place for crying to occur or articulating that crying is a normal response to trauma for everyone, may therefore be an important therapeutic technique.

Particular cultural idioms of distress differed slightly from the Sudanese-Australian sample. Rather than talking about ‘hardships’ or feeling that they were ‘thinking too much’, West African-Australians articulated feeling ‘confused’ or ‘frustrated’, and at times that there is ‘pain’ or that the memories ‘hurt’. For example Biboh Sama (Sierra Leonean) stated, *“sometime it just come to my mind, when it comes to my mind I become, whatever I am doing I just become dumbstruck, confused”*. Biboh Sama also said *“but sometimes it’s really a pain in my heart, that is why sometimes I just want to be very quiet to myself”*. The word ‘confused’ was also articulated by Simon (Liberian): *“Anytime I think of them I get confused and begin to cry”*. Similarly, Beyan (Liberian) stated, *“but when it comes to my personal problem of things that are sustained before leaving Liberia cause me to feel a little bit like, ah, not so depressed so to speak, like to be frustrated”*. Ophelia (Sierra Leonean) articulated distress using the word ‘hurt’, *“because my baby that was killed, it hurt, it really hurt”*, as did Bill (Liberian): *“sometimes so many problems, I don’t like to think, it hurt me a whole lot”*. As was mentioned in Chapter Six, it is important for western mental health professionals to be attuned to these idioms of distress as it assists them in both understanding the narratives of their clients, and allows them to use terminology that is likely to be recognisable to the client and help to form trusting and effective client/counsellor relationships (Fox & Tang, 2000; Kagee, 2004; Marsella & Christopher, 2004).

Several West African-Australian participants articulated a feeling of guilt or shame. This was similar to the Caucasian-Australian dimension of distress, in that the guilt or shame was directed at things they were forced to

do that they had no control over, or at the feelings of helplessness. For example, Nelly (Sierra Leonean) felt ashamed to tell people within her community that she was forced into prostitution in order to feed her children, however was able to tell a relative stranger about these experiences:

“Somebody like you I can talk to about it. I don’t know you, you don’t know me, [but] everyone I know I don’t want to talk about it, because I feel like what I been through, like 15 years, at the age of 15 years I’ve been through so many things, so I feel ashamed to tell somebody I know.”

Similarly, John and Biboh Sama (both Sierra Leonean) expressed a feeling of guilt that they were not able to help their family members:

“They prefer to punish us because of what I did, and that really affected me because it was because of what I did.”

(John)

“Sometimes I wonder whether it is my fault, why I was not given the power also to overcome these people who were doing these things” (Biboh Sama)

Guilt and shame is a common distress symptom in former refugee populations (as it is for Western trauma survivors), particularly in those whom experience torture and extreme humiliation or degradation (Aristotle, 1999; Murray et al., 2008; Tilbury & Rapley, 2004). In all three cases above, the catalyst for the feelings of guilt or shame were participation in or witness to sexual assault of varying kinds. Helping to reduce these feelings of guilt

and shame, as in the case of the Caucasian-Australian sample, is important in beginning the healing process (Aristotle, 1999).

7.2.2 *Acceptance*

As in both the Caucasian and Sudanese-Australian samples, participants in the West African-Australian sample articulated *Acceptance* of the experiences that they had. In the Sudanese-Australian sample, Bibo mentioned that the fact that the particularly distressing experiences such as mass murder and rape happened in war times, and this fact helped him to accept them. This concept was echoed in this sample by Ophelia (Sierra Leonean) who stated:

“Do you know what it means for your son to rape you? It’s terrible. But it did happen, and we’ve lived with it, we knew that it was because of the kind of situation that happens, that is why such things happened. Normally it would not happen. So fine, that was a phase, it’s passed”.

Other quotations within the *Acceptance* dimension in this sample are similar to the Sudanese and Caucasian-Australian’s articulations of *Acceptance*. Acceptance of death is expressed as a matter of survival, and therefore may also be resignation to the reality of the situation. The appearance of the *Life Wasn’t Meant to be Easy* facet in this sample displays in qualitative form the theory raised in Chapter Six that African-Australians may have a cultural resilience to hardships developed in a process of growth over protracted struggle as a nation and a society. It appears that these participants were prepared for trauma by being equipped with coping

mechanisms that allow them to accept hardship as part of life. Quotations that exemplify these facets can be found in Table 20 below.

Table 20.

Quotations that Exemplify Acceptance.

Facet	Quotation
<i>Of Death</i>	“I was ok, I was afraid, don’t get me wrong not that I was not afraid but somebody has to be ok, you know, and there came a time, a point in time when I say well it’s done for me so I’m not worried, if I die fine” (John, Sierra Leonean)
	“So, I remember when I was captured by one of the rebels and I was tied and kept in a dungeon and every morning, my cup of tea is 12 lashes on the soles of my feet. And I have conditioned my mind that it will pass, whether in death, or in life, it will end, and it did end” (Ophelia, Sierra Leonean)
<i>Life wasn’t meant to be easy</i>	“I also believe that life wasn’t meant to be easy, there will be ups and there will be downs, but I just try to look on the brighter side of life to get through it, and it worked for me” (Joe, Sierra Leonean)
	“That’s how life is, you’re not going to have a smooth road, there are going to be hurdles, you’re gonna meet ditches, you’re gonna meet trenches, you fall in them, climb out of it and walk on.” (Ophelia, Sierra Leonean)
	“Oh it is just something that human being will just to commit himself, life is never easy and there is nothing that is going to make it easy, but problem is if you want to think about what happened that time, I do not believe there is anything that you can do, so just to wipe away [the memories]” (Reedan, Sierra Leonean)

Acceptance is also linked to the religious coping styles of the West African-Australian sample. In the *Religion* dimension below the faith that their experiences were the will of God and that He has a plan for them, allows

participants in this sample to accept their experiences. Liberian participants were more likely to express *Acceptance* in this form. For example, Mary (Liberian) stated, “*sometime God test people so many ways, to know if whether you believe in him.*”

7.2.3 Survival

Survival was the initial mechanism that allowed West African-Australian participants to keep going during their experiences in their home country and in refugee camps. These quotations can be found in Table 21 below.

Table 21.

Quotations that Exemplify Survival.

Facet	Quotation
<i>Survival</i>	<p>“I couldn’t see my mother, I couldn’t see my sisters so I alone with the kids, how could I leave the kids and go do my part time or contract to sustain us, [it] was quite a hard thing for me to do, but I managed my way and keep ourselves sustained.” (Beyan, Liberian)</p> <p>“I had no choice, it was matter of life and death, move, don’t go back to this side of town or you will be killed, so there were people being killed, so I did have to follow the crowd” (Joe, Sierra Leonean)</p> <p>“Because we have in built mechanisms, you’re born in Africa, you’re born into survival race, that’s it” (John, Sierra Leonean)</p> <p>“That’s why I got myself pregnant, I have two children got no food no anything, you have to go into prostitute before you can survive, so I do those things” (Nelly, Sierra Leonean)</p>

Survival was also apparent for the Sudanese-Australian sample, however due to their more chronological telling of their story, the West

African-Australian sample produced quotations that could more easily express this dimension to the reader.

In addition to the self preservation that participants felt sustained them throughout their flight from their home country and in the trials faced in refugee camps, some participants expressed that community support allowed them the very practical support they required to survive. This support was not emotional in nature, as can be seen in the *Support* dimension below, but mirrored the *Standing Together* facet of the Sudanese-Australian sample. For example:

“People will be moving and they will be telling each other that look there is a boat leaving if we can get there you know people will tell each other, we know those who are civilians, we know each other, and when we are hiding and we are trying to escape we help each other. In face of trouble Africans pull together.” (John, Sierra Leonean)

This notion of supporting each other in the face of trouble is reflected in the literature (Greeff & Loubser, 2007), and extended into the emotional support participants in this sample gave to each other.

7.2.4 Support

Interestingly, there was a strong emphasis in this sample on the construct of Collectivism, both in its use as a term to describe their cultural background, and in the way that participants in this sample explained their obligation to supporting members of their community. As was described above, community support was a factor in the survival of many people from

Sierra Leone and Liberia. Other quotations that exemplify the construct of Collectivism as a precursor to support appear in Table 22 below. The quotations highlight the interconnectedness of the lives of West African people, and go some way to explaining the nature of support in this sample. This notion will be discussed in further detail in Chapter 9.

Table 22.

Quotations that Exemplify Collectivism.

Facet	Quotation
Collectivism	<p>“In African society you can’t be alone. We like to be in groups, like the bird is in the air, we do not like to be separated from one another, but, here is Australia and that is their own principle, so I just have to go with that one to maintain myself in that group.” (Jaidy, Liberian)</p> <p>“We are a collectivist group of people, so we are intertwined, we have extremely extended family so we’re like everyone is our family” (John, Sierra Leonean)</p> <p>“Your life is for you, but it is not for you alone, your life is for you and it’s for me” (Mary, Liberian)</p> <p>“My space is your space, your space is my space, we share it, so when I have a problem I will come to you, I will tell what went wrong today. You will say oh let’s see how we can deal with it, let’s go tell Aunty. Aunty, this is what happened, oh really? Let’s go see Grandma. Grandma this is what happened, oh really? Let’s go tell Grandpa about it. Grandpa. Fine let’s go to your Uncle. And you feel better, somebody’s there to carry me, I’ve got somebody.” (Ophelia, Sierra Leonean)</p>

Support in the West African-Australian sample was similar in nature to the Sudanese-Australian sample. The three facets of *Advice*, *Friendship* and *Talking About It* appeared in this sample, and are largely similar to those

Table 23

Quotations that Exemplify Support.

<i>Advice</i>	<i>Friendship</i>	<i>Talking about it</i>
<p>“You need the elderly people, even a younger person can advise you too, yeah they can tell you say, oh you are my friend, I love you but this road that you are walking on is not a good road, that is, if you are doing something that in the future that will harm you” (Mary, Liberian)</p> <p>“I have somebody, I like her she’s from Australian and I can talk to her. She advise me” (Nelly, Sierra Leonean)</p> <p>“I don’t believe there is any human being in this world who can do all things on hisself, yeah, there is no human being on this earth who can do anything without corrections... if I am alone, it will be very difficult for me to know that what I am doing is right or is wrong” (Reedan, Sierra Leonean)</p>	<p>“Each time when those things happen to me, I just forget about it and think of something else, or sometime take my mobile phone and call somebody, whosoever, and just talking to, so that I forget that one.” (Jaidy, Liberian)</p> <p>“This is how I managed to have gone through, because I associated myself with people. I did not sit by myself lonely, I play with friends, we work together as a team together” (Mary, Liberian)</p> <p>“I made a lot of friends in Ghana, I had good friends, I had bad friends, I had those who helped me in advices in my needs, I had those kind of friends, I had those who were ready for fighting” (Reedan, Sierra Leonean)</p> <p>“R: ‘Sometimes I will call a friend to talk to a friend.’ I: ‘How do your friends help you?’ R: ‘Sometimes she just encourage me to like, to just like, concentrate on the future, forget about the past, the past is gone, I should just take it easy and stuff.’” (Rosaline, Sierra Leonean)</p> <p>“Sometimes like I will just go around [to a friend’s house] and just remove some stress” (Sally, Sierra Leonean)</p>	<p>“At least I know that people care for me, people like Brian, things like that, then you can talk” (Biboh Sama, Sierra Leonean)</p> <p>“Then I started telling people, my dad usually tells me sharing is scaring you know, and I believe sometimes I tell people they say, oh why you should tell me this, I have to, but to me it is a process, when I tell people it heals me, you know because if I don’t one way or the other it comes up” (John, Sierra Leonean)</p> <p>“If I talk to somebody I feel better.” (Nelly, Sierra Leonean)</p> <p>“The only person I can talk to like, a friend in Melbourne, she was here but she moved to Melbourne, and my boyfriend here that are the only two people who I can talk to, I told them some little things, but not all of them.” (Rosaline, Sierra Leonean)</p>

described in Chapter Six. Quotations that exemplify these facets appear in Table 23 above.

Advice. Similar to the Sudanese-Australian sample, advice seeking was an important factor in the support that West African-Australian participants felt they required, and received from their peers. The story telling facet apparent in the Sudanese-Australian sample was also articulated in this sample by John (Sierra Leonean) when speaking about friends who called him for advice: *“they also want answers, and I don’t give them because I don’t have it, what I can give them is my story.”* Unlike the Sudanese-Australian sample, however, some West African-Australian participants felt that they were able to receive some assistance from Western style therapy, as can be seen in section 7.2.5 below.

As was discussed in Chapter Six, there appears to be little research that mentions this need for advice to be given in therapeutic situations, and yet it appears to be a pervasive theme across the African-Australian cohort in this study. This need for advice may be explained by the religious values of collectivistic cultures. For example, Lo and Dzokoto (2005) discuss the notion of ‘talking to the master’ in their investigation of Taiwanese and Ghanaian coping strategies. They assert that counselling is perceived as the act itself, rather than as a function of the training one has received, and therefore counselling is sought from family, friends, community, and religious leaders (masters). The role of these people in collectivistic cultures is to provide guidance, and this may be incongruous with the professional role of the Western psychologist. In addition, psychologists are often perceived as all-knowing readers of minds, and therefore more may be expected of

professionals than they are able to provide (Lo & Dzokoto, 2005). This is not unique to collectivist cultures, as any psychologist who has attended a cocktail party will attest, however the additional impact of an advice seeking nature suggests that this perception may lead African-Australians to assess their relations with mental health professionals in Australia negatively. The potential for Western mental health professionals to build a feeling of advice giving into counselling in Australia should be explored in consultation with African communities.

Friendship. Friendship was paramount to the emotional support of West African-Australian participants. Like the Sudanese-Australian sample, the focus of these gatherings was to forget about the experiences they had, or to eliminate memories at the time, rather than for co-rumination purposes. The focus here again is on having fun together in an effort to move on. The African custom of caring for a friend who is distressed, and the loss of that form of support here in Australia, was reflected in this quotation by John (Sierra Leonean):

"You don't have that pool, that community pool that you have back in Africa. I cannot just run into your office and say Alicia this is what I am going through, and you will take me home, we talk, we eat, we will spend the night and then in the morning I will be ok, you can come to my house the next day, no we don't have it here, everybody is an individual, we have things to do."

Talking About It. Similar to the Sudanese-Australian sample, part of the emotional support West African-Australians receive from friends and family, and that they feel contributes to their mental health, is the ability to self-disclose when they feel it is necessary. This is consistent with literature that proposes that people from collectivistic cultures are more likely to seek emotional support from informal networks (Constantine, Alleyene, Caldwell, McRae, & Suzuki, 2005; Moore & Constantine, 2005; Yeh, Inman, Kim, & Okubo, 2006). Literature from the US states that African, Asian, and Latin American citizens tend to underutilise mental health services, however this may be due to the sufficient emotional support they receive from these informal networks (Constantine et al., 2005), and that people from collectivist cultures tend to favour emotional support to action based coping (Moore & Constantine, 2005).

However, from the quotations within the *Talking About It* facet, one can also notice that this self-disclosure is not a culturally acceptable method of coping. Perhaps most telling of this is John's (Sierra Leonean) comment that "*my dad usually tells me sharing is scaring*". Whilst this was not explicitly stated by Sudanese-Australian participants, their reliance on avoidance coping methods, and their emphasis on these techniques in their telling of their stories indicates that self-disclosure is a less acceptable method of coping for these African-Australians as well. This may indicate that accessing support and advice is not achieved through the general giving of explicit details about their experiences, but that in times in which intrusive ruminations are becoming overwhelming it is appropriate to elicit this advice and to self-disclose with significant others. That is, support is used as coping

in times of distress, rather than as healing by de-briefing post trauma, as is the case in Western therapeutic intervention.

Not Burdening Others. Interestingly, the West African-Australian sample articulated a unique facet of support in *Not Burdening Others* that coincided with discussion of the *Support* dimension. Participants felt that whilst they were able to discuss their experiences with their friends or members of their own community, they were reluctant to do so, because they felt they would be unfairly burdening their friends with their own load. This can be seen in Table 24 below. The facet of *Not Burdening Others* may be due to the collectivistic focus (both consciously and culturally) that leads West African-Australians to consider the other's perspective before their own.

This hypothesis is consistent with research that shows that collectivistic populations, such as Asian-American samples, are likely to display 'forbearance' (Constantine et al., 2005; Moore & Constantine, 2005; Yeh et al., 2006). Previous literature has connected this factor with collectivistic concern for the welfare of family, friends, and community, and with the heightened value of religious or spiritual principles in which sacrifice and inner harmony is promoted (Moore & Constantine, 2005). The ability to bear the load that God, another higher power, or simply life, gives one is often an indicator of achievement, and is reflected in the *Acceptance* and *Religion* dimensions discussed in this chapter.

Table 24.

Quotations that Exemplify Not Burdening Others.

Facet	Quotation
<i>Not Burdening Others</i>	“Sometimes there’s no one to talk to because a lot of us have been through a lot and you know we have been through heaps, taking someone else’s burden on is another whole ball game, so I don’t want to burden somebody with my own problems so I will just like to deal with it” (John, Sierra Leonean)
	“Even though you are free with the person, you are comfortable with the person, it is not all your problem you have to put on the person, even the person has his or her own problems that he or she might want to deal with, and if you add your own to that it is not going to be good for the person.” (Rosaline, Sierra Leonean)
	“I don’t like that, she has her own problem why should I give her my problem?” (Sally, Sierra Leonean)
	“If you call them they will feel you are putting your burden on them which is not fair you know” (Seppeh, Sierra Leonean)

Constantine et al. (2005) state that forbearance appears to stem from genuine concern for social harmony, and for the protection of community members, rather than from denial or self-protection. However forbearance has been shown to be positively correlated with avoidant styles of coping (Moore & Constantine, 2005). This may be indicative of an active effort to exert control over the experience in a socially oriented manner, rather than in a problem solving manner as is encouraged in Western style approaches to therapy (Moore & Constantine, 2005). The difference between these primary and secondary control styles will be discussed further in the general discussion in Chapter Nine.

The combination of being more likely to give details of their experiences in the interview, and not wanting to burden members of their own community with these details, means West African-Australians may be likely to benefit greatly from the ability to access culturally competent mental health care in their host country. Given the strong collectivistic backgrounds of the West African-Australian participants, therapies such as group therapies, family therapies, and community development programs may all be potential avenues for constructing culturally appropriate mental health care for former refugees in Australia and other Western nations. Social therapies have been shown to be effective in a range of different community settings and groups (Bott & Hodes, 1989; Constantine et al., 2005; Elligan & Utsey, 1999; Fabri, 2001; Gorman, 2001; Kensinger, Gearig, Boor, Olson, & Gras, 2007; Patel et al., 2007; Stepakoff et al., 2006), and will be discussed in relation to this study in Chapter Nine.

7.2.5 To talk or not to talk: Counselling and the difficulty in talking about it.

Given that West African-Australians were more likely to be forthcoming about their distress and the details of their experiences in interviews than the Sudanese-Australian participants, and are perhaps more culturally sanctioned against self-disclosure in their own community groups, it was hypothesised that counselling provided by a professional may be more culturally acceptable to West African-Australians than the Sudanese-Australian sample. Probing deeper into this idea, the data showed that the West African-Australian participants were more likely to have sought psychological support, and more likely to have found it beneficial to their ongoing mental health. For example:

"I: 'So do you feel that the psychologist helped at all?'

J: 'Yeah it helps, it was a great contribution towards my health.'

I: 'And why is that, how do they help?'

J: 'Well by advising me, telling me what to do, whatsoever, exercises that I have been doing'" (Jaidy, Liberian)

"Now I'm ok because I am doing counsel and so I'm good" (Nelly, Sierra Leonean)

However others also stated that whilst they accepted that talking about their experiences could be beneficial, it was still difficult for them to be able to bring themselves to talk about it, due to the severe distress they still felt when doing so, or because of cultural norms against talking about it. For example:

"Sometimes I just want to be very quiet to myself, it's not that I don't want to share some of the experience, sometimes it's really, really painful because there are some things I cannot even, it is difficult for me to say, very very difficult. I don't know only with time I will probably really be able to open up." (Biboh Sama, Sierra Leonean)

"Africans try to... to cope with their problems by bottling up, most people do not open up and they have their

reasons, and you can disapprove of it but they have their reasons for not speaking.” (John, Sierra Leonean)

“That I don’t like, talking about war, war, war.” (Reedan, Sierra Leonean)

As was hypothesised previously, it may be that whilst support is commonly utilised, and talking about difficulties is appropriate, sharing intricate details of their experiences is not culturally sanctioned and can be difficult. Therefore, whilst many West African-Australian participants endorsed debriefing to professionals as a potentially helpful form of therapeutic intervention, this would take some time and be difficult for the majority of African-Australian survivors of trauma.

7.2.6 Coping and Growth

Similarly to the Sudanese-Australian sample, West African-Australian participants were less likely than Caucasian-Australian participants to comment on any personal growth outcomes that they had experienced. Like the Sudanese-Australian sample, the focus was on coping mechanisms, positive adaptation, and visions for the future, which reflects the process of growth rather than growth outcomes. Three adaptation strategies that reflect the process of growth, and that can also be compared to PTG outcomes were elicited: *Religion*; *Better Times Ahead*; and *Compassion*.

Table 25.

Quotations that Exemplify Religion.

<i>Faith</i>	<i>Prayer</i>	<i>God's Will</i>
"I was locked in the container for 2 weeks, without food and water, it was by the grace of god that one Kamajor officer came one morning and asked what is my problem" (Gideon, Sierra Leonean)	"I pray to God, I say God you know best." (Gideon, Sierra Leonean)	"I will always give thanks to God for everything because nothing happen behind, everything is in the presence of God. God knows the reasons of everything" (Bill, Liberian)
"I just feel that without God, without the help of God, I wouldn't have survived" (Jaidy, Liberian)	"I still get that believing that each time when I am in difficulties, I pray to God or whatsoevers, he will answer my prayer, he will accept my prayer. I still have that belief." (Jaidy, Liberian)	"If war have to happen, and after the war I have to travel over continents to Australia, it is not my power, it is not because I am strong, I am rich, whatever, it is because of God. That's why. So I just have to give that one to God, that is God's wish that's why I am here." (Reedan, Sierra Leonean)
"Sometime God test people so many ways, to know if whether you believe in him, so we need to believe God, we need to trust God, because I trust in God and I believe in God this is how far he has brought me" (Mary, Liberian)	"One thing that worked for me, and for us, was religion and God, you know, prayers... whatever happened, a little prayer in the morning, for me, kept me going." (Joe, Sierra Leonean)	"The war change everything, and when I came to the camp I suffered a lot, and coming here is a blessing. Yeah it is because, it's like God make life meaningful for me again" (Sally, Sierra Leonean)
"Most of us have a very strong religious background that helps us to go through certain things like when I was in prison I was pregnant, I had nothing else to cling on to, no hopes, but there was one thing that kept me going, was my belief in God" (Ophelia, Sierra Leonean)	"Sometimes the, the reason why I believe in prayer, because they nearly kill my younger sister...So I'm there I'm praying, I'm praying inside me, I'm praying inside me, I'm praying inside me, I say god help us, god save us. So I believe that the prayer that I pray inside me saved my sister." (Nelly, Sierra Leonean)	
"I just have God that is guiding me every day, because without him I don't think I will be alive by now I could have died in the war" (Rosaline, Sierra Leonean)	"In the bible God said if we ask he will give it to us so sometimes you may see you in a difficult situation, and you just ask God for something and the next minute you will see everything will be like, easy for you, because it's hard just being alone, like thinking of what to do." (Rosaline, Sierra Leonean)	
"I was beaten, manhandled, tortured, calling upon Christ's name, I was untied and left Liberia for Sierra Leone" (Simon, Liberian)		

7.2.7 Religion

Religion was the most strongly endorsed dimension in this sample. The cultures of many West African nations have strong spiritual and/or religious values built into them, with connection between the present generations and the ancestors, and between members of a community often formed along spiritual lines (Greeff & Loubser, 2007). Table 25 above displays the exemplary quotations for this dimension.

As for the Sudanese-Australian sample there was some reliance on the notions of destiny or fate in general, as well as the more religious notion of these experiences being part of God's will. For example, Biboh Sama (Sierra Leonean) stated *"it was only probably destiny that today probably I am here... sometimes we are meant to live with those pains."* Similarly, Reedan (Sierra Leonean) said:

"What I know is some things are supposed to happen, yeah, in a man's life for you to, I don't know how to put it, it's like in everything that you are doing, there are some challenges that you have to face and if you are able to overcome them, you know you will be getting ahead."

This fatalistic locus of control, as mentioned in Chapter Six, may be appropriate for a culture that is highly religious in values and given their general lack of control over their lives from the point of conflict through to their resettlement in Australia. As was suggested in Chapter Six, this therefore may reflect a process of cultural or societal growth, rather than the personal growth outcomes perceived by Western survivors of trauma. Joe (Sierra Leonean) explained this concept:

“That is why Christianity and forms of religion are really entrenched in Africa because these are things that people look up to because there is nowhere to turn, you know so people pay attention to religion.”

Fatalism has been displayed as a coping mechanism in other collectivist cultures, for example in Asian-Americans in their response to the 9/11 World Trade Centre attacks (Yeh et al., 2006) and in Malian women living with HIV/AIDS (Hess & McKinney, 2007).

The two facets *Faith* and *Prayer* are similar in this sample to the Sudanese-Australian sample. Participants expressed that their faith and belief in God enabled them to survive the experiences they had, and that this faith kept them going through difficult times. The phrase ‘by the grace of God’ appeared several times, highlighting the faith of the West African-Australian sample that their survival was largely due to the intervention of God. Similarly, West African-Australian participants expressed their faith that the prayers they extended to God were answered, and their reliance on prayer as a form of coping in their day to day hassles they continue to face in Australia remains strong.

The third facet of the *Religion* dimension that was elucidated from the West African-Australian sample was *God’s Will*. Whilst part of the *Religion* dimension, this facet could also be placed in the *Acceptance* dimension. For many participants, the comfort they experienced in their religion was the faith that God has a plan for them, and it was His wish that they had these experiences. Unlike the Caucasian-Australian participants, therefore, the West African-Australian participants appeared to feel the greatest comfort in

relinquishing control to a higher power, rather than in taking back control, again, perhaps as a method of secondary control (Weisz et al., 1984).

The facets *Prayer*, *Faith* and *God's Will* are all consistent with previous literature conducted both with West African samples, other African samples, and samples from other collectivist cultures. For example, prayer has been noted as an effective coping mechanism in South Africans (Demmer, 2007; Greeff & Loubser, 2007; Peltzer, 2005; Reckson & Becker, 2005), Latin, African and Asian Americans (Constantine et al., 2005), Congolese women (Maman, Cathcart, Burkhardt, Omba, & Behets, 2009), and Malian women (Hess & McKinney, 2007). Each of these samples also expressed a strong belief that the challenges they face are part of God's plan for them. For example, Greeff and Loubser (2007) found that in Xhosa-speaking South African families, four of the six facets of religious coping were related to the will of God, these being: Gifts from God, God's guidance, God's works, and God's plan. The other two facets were prayer and faith, mirroring the present study. Along with providing a secondary sense of control, a fatalistic and religious orientation may allow African-Australians to make meaning from the experiences they have had in alternative ways to the Caucasian-Australian sample (Tse, Lloyd, Petchkovsky, & Manaia, 2005). This has interesting implications for culturally appropriate practice in Australia, and will be discussed in detail in Chapter Nine.

7.2.8 *Better Times Ahead*

The *Better Times Ahead* dimension is conceptualised here as a combination between *Hope* and *New Possibilities* from the Sudanese-

Australian sample. As can be seen in Table 26 below, there is a sense of hope that the future holds better things than participants experienced in the past. Rather than the focus on the tangible aspects of *New Possibilities* in their new country that the Sudanese-Australian participants expressed, however, the West African-Australian participants focussed on more esoteric notions that one day life will be better. In this regard, *Better Times Ahead* appears to be another cultural variable that promotes resilience, that may have developed over protracted periods of hardship, rather than a resettlement outcome. *Better Times Ahead* is a faith that there will be a good future, rather than an appreciation for what is in the present.

This hope for a better life, and often the desire that the younger generation will be the beneficiaries of this better future, has been found in previous literature. Demmer (2007) found that hope for the future was important for South African participants who had experienced an AIDS related loss, particularly in their own economic circumstances and the hope they had for their children. Similarly, McGadney-Douglass and Douglass (2008) found that their elder Ghanaian sample were likely to express more concern for the younger generation than for themselves. This in keeping with the concerns collectivistic cultures have for their family and community. Therefore, rather than being reflective of future orientation, *Better Times Ahead* can be seen as reflective of concern for community welfare.

Table 26.

Quotations that Exemplify Better Times Ahead.

Facet	Quotation
<i>Better Times Ahead</i>	“Through all that, I had the hope that one day things will be better.” (Biboh Sama, Sierra Leonean)
	“I love being in a society where people are helping me with free money, but I love to sweat, put myself into job to do something because I work every day to put myself into Australia culture, to do something for myself.” (Bill, Liberian)
	“I believe in time, I will be able to resettle, I came here with nothing but there is still a place to call a home. I believe Tasmania will be a place to call a home.” (Gideon, Sierra Leonean)
	“Success is a journey in life, if as I told you I survive from my own country, come to the neighbouring country... from the frying pot to the fire, and from the fire to here...that alone gives me confidence that things, or life will change one day.” (Jaidy, Liberian)
	“I began to take courage that life can be restarted, and all that I’ve left behind is gone” (Joe, Sierra Leonean)
	“Yesterday is gone, tomorrow is another day that we have to live for, so we take each day as it comes with joy” (Ophelia, Sierra Leonean)
	“I thought by resettling in Australia, some of my trauma will be put behind me. We came to Australia in April 2006. Life was changed for the better.” (Simon, Liberian)

However, despite the excitement that there are better times ahead of them, some participants also expressed that this happiness cannot be complete, due to the ongoing distress they feel for missing family members, or people who they left at home. Beyan (Liberian) explained:

“But now I am happy because I have a change of environment and I have peace of mind. Peace of mind

cannot also be complete, because I am without my wife and my kids here with me."

This is part of the ongoing crises participants in both African-Australian samples continue to face, and the factor that causes the most distress in their lives in Australia. As has been discussed in Chapter Six, and in the *Support* section above, family reunification is one of the key factors in promoting mental health in former refugees (Patel et al., 2007). Where family reunification is not possible, community integration and intra-cultural social support is essential (Yeh et al., 2006). Chapter Eight will discuss these challenges in more detail.

7.2.9 Compassion

Similarly to the Caucasian-Australian and Sudanese-Australian samples, the West African-Australian sample articulated *Compassion* for their community members. As for the Sudanese-Australian sample, the desire to help those within their own community appeared, and was similar to the Caucasian-Australian sample in their desire to work with survivors of similar traumatic events. It appears that the ideal of working to ease the suffering of those who have experienced that which one has experienced themselves, is universal. Compassion in this sample appears as a cultural norm (as indicated in Bill's quotation below), a process through which to grow (as indicated in Joe's quotation below), and as a potential growth outcome (as indicated in Rosaline's quotation below), as can be seen in Table 27. Similarly to the Sudanese-Australian sample, the collectivistic ideals of the West African culture lend themselves naturally to the expression of compassion within the

experience of trauma for this sample. This indicates that compassion may have developed over time to allow individuals within this culture to be resilient to adversity, in a process of cultural or societal growth.

Table 27.
Quotations that Exemplify Compassion.

Facet	Quotation
<i>Compassion</i>	“I know we African believe in helping, the more you help someone, God bless you, yes so I believe him, if I can have a job I will be too happy I will be the happiest one to get a job to be able to help someone” (Bill, Liberian)
	“Each time I had to sort of encourage people or talk to people... I think all of those things helped me go through my own situation” (Joe, Sierra Leonean)
	“In Africa it’s not that easy for medical treatment, it’s very hard, so I just want to be a nurse so I will be able to help others in need or others that don’t have money, help the poor and be able to get the medical treatment and stuff.” (Rosaline, Sierra Leonean)
	“I would like to be able to give to my community as best that I can” (John, Sierra Leonean)

7.2.10 *Avoiding*

Another dimension that is comparable across the African-Australian samples is the *Avoiding* dimension. In this sample, the avoidance of triggers was not explicitly stated, however it was clear that things that triggered intrusive recollections of events past caused some distress to participants, for example Jaidy (Liberian) said:

“Sometimes if I’m watching tv, if I see any horrible things on the tv, I will automatically retrieve the events that I go

*through on that day [in Liberia], so that can make me
sometime distressed.”*

West African-Australian participants did, however, articulate the same perceptions that forgetting their experiences was the most effective way to cope. Quotations that exemplify *Avoiding* are displayed in Table 28 below.

Similarly to the Sudanese-Australian sample, the West African-Australian participants articulated a desire to move on with their lives by forgetting their experiences. The most effective ways of doing so were by keeping busy and by being with friends. The *Avoiding* dimension is therefore inextricably linked with the *Friendship* facet of the *Support* dimension. This is highlighted in the following quotations:

*“We go and fish to catch fish, you know we share fun together
you know to get through our problem.”* (Mary, Liberian)

*“When you’re with friends, when you’re socialising with
friends, having fun, you don’t try to remember it too much, you
just forget about all the things that have happened to you, just
forget about them and you start having fun and joking.”*

(Rosaline, Sierra Leonean)

Table 28

Quotations that Exemplify Avoiding.

Facet	Quotation
<i>Forgetting</i>	“But I just feel that I should just try to forget them [experiences], forget about it I use all the strategies” (Beyan, Liberian)
	“Sometimes so many problems I don’t like to think, it hurt me a whole lot, yeah it hurt me a lot. Family were killed. I don’t like to put the mind back to the past.” (Bill, Liberian)
	“Try to forget what happened to you, try to cope with what I’ve been through.” (Joe, Sierra Leonean)
	“When you have problem, you don’t just sit down and worry about the problem the more you sit and worry about the problem, the more you be depressed, the more you be faced with stress” (Mary, Liberian)
<i>Keeping Busy</i>	“I have just got lots of friends in Ghana who help me just to forget about Sierra Leone” (Reedan, Sierra Leonean)
	“I joined the steering committee at the camp, trying to organise other people when there was ration, form a line, write our names, you know, so that also helped me, in that, I was not just sitting down idle” (Joe, Sierra Leonean)
	“We are safe but still now like, I’ll say I am working now, yeah, make me forget about a lot of things, [but] if I am not working and sit by myself here watching tv, thinking.” (Nelly, Sierra Leonean)

The distraction methods mentioned in the quotations above have similarly been found in high proportions in the Sudanese-Australian sample described in Chapter Six, in previous research with Sudanese populations (Goodman, 2004), and in previous research with other collectivistic cultures such as Latin, African, and Asian Americans (Constantine et al., 2005; Yeh et al., 2006), Japanese students (O'Connor & Shimizu, 2002), Afghan and

Rwandan children (Gupta & Zimmer, 2008), Congolese women (Maman et al., 2009), and Aboriginal Australians (Newman et al., 2007). Gupta and Zimmer (2008) worked with Sierra Leonean children to allow a safe place to share stories through oral traditions, art, music, and dancing, provided accurate information about the causes and effects of the war, normalised trauma reactions, and provided recreational activity. They found that whilst this trial intervention successfully reduced the Intrusion and Arousal symptom clusters as measured by the Impact of Events Scale (IES), Avoidance scores increased post-therapy. This, in combination with the results of the current study, could suggest that avoiding is a culturally sanctioned coping mechanism that becomes more easily applied as other PTSD symptomatology is alleviated.

Kagee (2005) states that avoidance should not be perceived as a necessarily maladaptive reaction to the experience of trauma. In his research with South African former political detainees, he found that IES items such as "I avoided letting myself get upset when I thought about it or was reminded of it" and "I tried to remove it from my memory" were perceived as adaptive coping responses, and did not commonly lead to or denote distress in this population. Similarly, a factor analysis study of the Brief COPE with international students in the US from Asia found that the self-distraction item "I've been turning to work or other activities to take my mind off things" loaded onto a 'Positive Coping' factor alongside acceptance, planning, active coping and positive reframing items (Miyazaki, Bodenhorn, Zalaquett, & Ng, 2008).

Avoidance is often seen as maladaptive in Western trauma discourse, as evidenced by it appearing as a symptom cluster in the PTSD diagnosis. However, the above research in combination with the current study may suggest that for people from collectivistic cultures, avoidance may be considered an adaptive response to some extent. In their study comparing Japanese and British students, O'Connor and Shimizu (2002) found that a sense of personal control was negatively correlated with perceived stress for the British sample, however had no relationship with perceived stress or with problem focused coping in the Japanese sample.

Whilst cultural factors may also affect scoring when using instruments that assess subjective stress using 'I' statements (Paton, Smith, Ramsay, & Akande, 1999) this suggests that for this collectivistic sample control has little relationship with subjective distress. Therefore coping methods in which the individual does not exert control, such as avoidance, should not have a negative impact on trauma adaptation and thus should not be considered maladaptive. Conversely, Moore and Constantine (2005) found that forbearance (see *Not Burdening Others* above) was positively correlated with avoidance in their validation of a Collectivistic Coping Styles Inventory with Latin, African, and Asian Americans, suggesting that these individuals may be utilising avoidance coping in a controlled manner in order to minimise the impact of their distress on their friends and family.

In short, *Avoiding* appears to be a culturally sanctioned coping style that can be seen as an adaptive response in some circumstances. Mental health services in Australia could utilise leisure or recreational activities for former refugees to facilitate these strategies whilst also providing a safe place to build

trusting relationships with professionals in order to promote self-disclosure at a later point.

7.2.11 *Rumination*

As with all other samples in this investigation, thinking about the experiences one has had remains a prominent dimension throughout the post life crisis journey. As for the Sudanese-Australian sample, West African-Australians promoted the notion that one can never forget the experiences of the past, despite the avoidance coping techniques that many attempt to employ. Similarly to the Sudanese-Australian sample, participants experienced flashbacks and nightmares, and intrusive recollections at times. In addition to this, some participants expressed a questioning of their experiences and, as for the Sudanese-Australian sample, this may indicate the beginnings of a deliberate rumination process, which may in time lead to growth outcomes. Table 29 below highlights the dimension of *Rumination*.

Table 29.

Quotations that Exemplify Rumination.

Facet	Quotation
<i>Rumination</i>	<p>“God created the same brain that people have that can think and do good things for you, they help you to do something, the same people can, can use that same brain to do something just horrible, horrible. How a person can do that? How can somebody do that?” (Biboh Sama, Sierra Leonean)</p> <p>“My kids here with me also are asking when are we going to see our mother to come, and these are things that sometimes cause me to go back to memories you know, what happened in the past.” (Beyan, Liberian)</p> <p>“But the problem [in the camp] was you have a lot of time on your hands to think, you know so sitting there I started to fear for my family. I would wake up from a dream and I begin to think of, when I was escaping those things were not...they did not matter.” (John, Sierra Leonean)</p> <p>“Though sometimes I face problems, sometimes I sit and think about what happened to me in the past but then I continue to remember God” (Mary, Liberian)</p> <p>“It’s difficult, when you come to a new place and how to get adjust to stuff... but when you try to look back your past, it’s kind of hard..., it’s something that will take years and years before it will get off your mind, or even it will stay on your mind forever” (Rosaline, Sierra Leonean)</p> <p>“However, the ordeals that I went through, together with the killing of my father, mother and sister still remains in my mind. Though I have been redeemed by the Australian government yet some of the trauma still remains in me as it is very difficult to forget about the experience I had in Africa.” (Simon, Liberian)</p>

7.3 Summary

Chapter Seven has highlighted several significant similarities and differences between the model elicited from this West African-Australian sample and the previous two studies. *Acceptance* was similar to that elicited in

Study Two, in that hardship was thought to be a normal part of life, and that *Life Wasn't Meant to be Easy*. *Support* in this sample was perceived to be positive, and this sample similarly sought *Advice* as a coping mechanism, however unlike the Sudanese-Australian sample participants in Study Three felt a sense of regret at burdening others with their own suffering. The loss of community felt in their resettlement in Australia was emphasised in this sample, and is discussed further in Chapter Eight.

Similarly to the Sudanese-Australian sample, participants in Study Three did not express personal growth outcomes, however endorsed *Religion* and *Better Times Ahead* as means through which they were able to adapt to their experiences positively. The similarities these dimensions bear to PTG outcomes discussed in the literature suggest that the West African participants in this study may be in the process of growth, or that the West African culture promotes resilience to adversity as a result of cultural or societal growth at a distal level. Similarly to both Studies One and Two, participants in this sample expressed *Compassion*. Similarly to Study Two, *Avoiding* was endorsed as a coping mechanism, however co-existed with ongoing intrusive *Rumination*.

Studies Two and Three have shown there are both similarities and differences in the trauma adaptation journeys of African-Australian Humanitarian entrants when compared to the model elicited from the Caucasian-Australian sample, and the extant literature. However there were striking differences in the stories of former refugees in that, for a large number of these participants, distress experienced in their day-to-day lives in Australia took precedence over traumatic memories of the atrocities they had

survived during the wars. This appears to be a significant gap in the Western psychological literature. Chapter Eight will now discuss a theoretical model of the influence of post-migration factors on the trauma adaptation journey

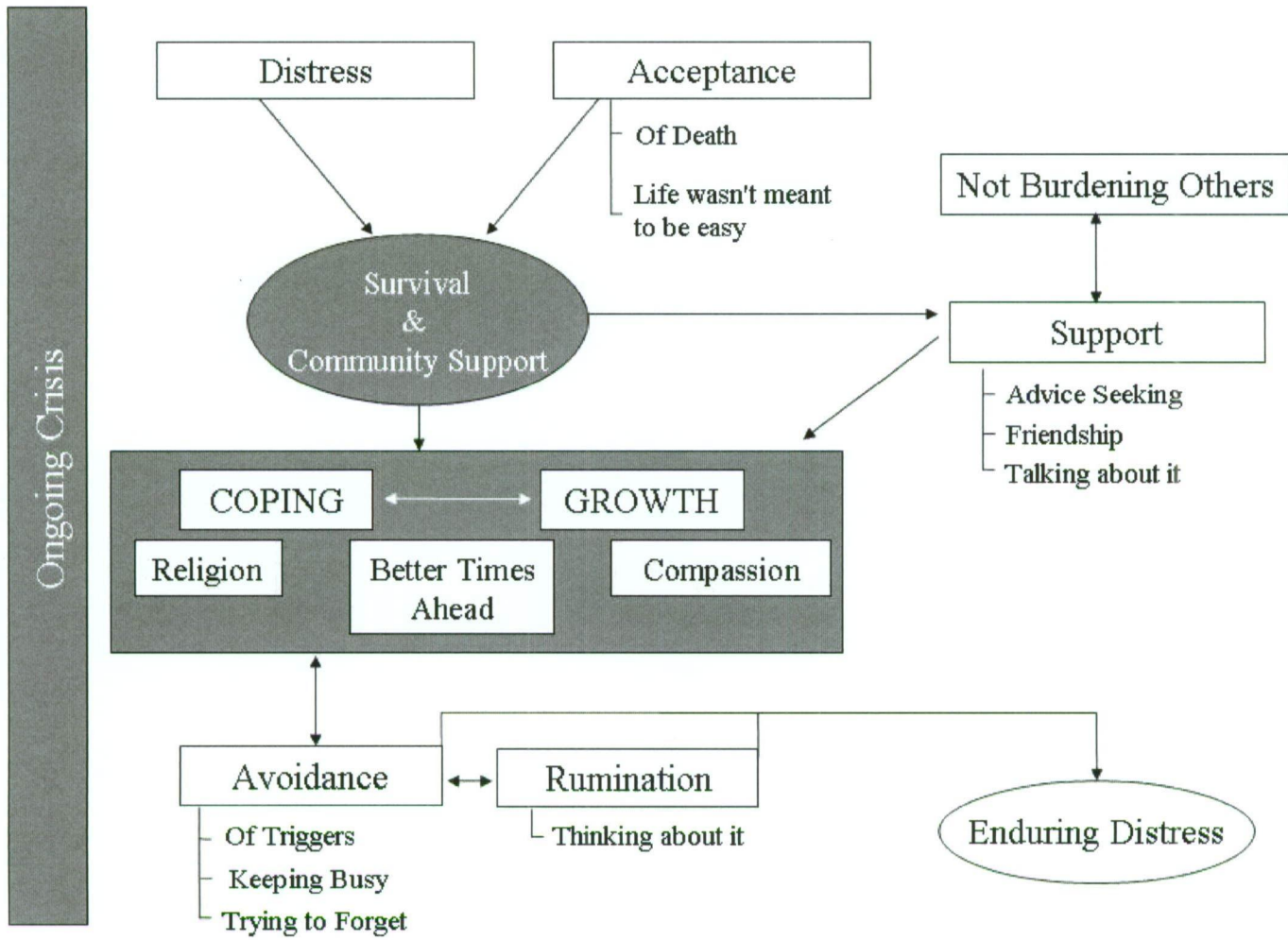


Figure 11. A model of the experience of life crises from the perspective of a West African-Australian sample.

Chapter Eight

Resettlement, Acculturation, and Ongoing Crises in an African-Australian Sample

Chapters Six and Seven highlighted the trauma adaptation journey for Sudanese and West African Australians in light of the past traumatic experiences they have had. These models centred on the distress caused by human rights abuses in their home countries, the traumatic memories and post traumatic distress that results from these experiences, and the coping mechanisms and growth that allowed participants to adapt positively following these experiences.

However, for the majority of participants in this study, the construct of 'trauma' did not solely refer to these previous human rights abuses, but instead to a gamut of life crises pre-migration, en route and post-migration. Some of the most salient crises for participants at the time of interview were the ongoing difficulties they were having with Australian culture, and their new lives in Australia. It was not the original intention of this thesis to discuss resettlement and acculturation difficulties, therefore these issues did not appear as a specific aim of the investigation. Similarly, the distress caused by resettlement issues did not fit coherently into the models of the trauma adaptation process described in Chapters 6 and 7 above, as these models specifically discuss past trauma as a catalyst for change. However, it is essential to a comprehensive understanding of the experience of life crises that these issues be discussed and made clear. This chapter highlights these

ongoing experiences and the ways in which they impact upon the journey to trauma adaptation.

8.1 Overview of the Literature

8.1.1 Post-Migration Distress

The notion that ongoing crises post-migration contribute equally to the trauma adaptation process along with previous traumatic experiences has been discussed in Chapters Two and Three as one of the precursors to this investigation. Due to assumptions about the nature of a traumatic event in Western psychology, the experience of war itself and the human rights abuses that ensue are often thought to be the most traumatising aspects of the refugee journey. However, the ongoing challenges to their resettlement, including health, employment, language difficulties, and acculturation may lead to greater psychological distress (Aristotle, 1999; Kagee, 2004). In his work with Southern Sudanese in Queensland, Australia Westoby (2009) proposed that post-migration distress is central to constructions of trauma for this community, rather than pre-migration experiences. He proposed that post-migration distress can be divided into three categories: Cultural Trauma, or cultural disorientation caused by the upheaval of social groups; Social Trauma, or distress caused by the disruption of social and interpersonal systems due to war and forced migration; and, Social Distress, or distress in the social realm caused by structural inequalities in the host country. The results obtained from the current data support this categorisation. The extensive literature on acculturation stress is beyond the scope of this thesis,

however many of the concepts investigated within this field may lend further support to this conceptualisation of post-migration trauma.

However, the case may be that symptoms of distress due to pre-migration experiences are masked by more immediate concerns, such as employment status (Boothby, 1992; Kagee, 2005). Kagee argues that there is therefore a need to both acknowledge the idea that post migration factors may be more distressing for particular cultural groups, as well as acknowledging the past trauma that people have experienced, and to provide psychological interventions accordingly. It has been suggested that the differentiation between distress as a result of previous trauma and distress as a result of resettlement issues, is essential in providing culturally appropriate care for former refugees. Awareness of the distress that can be caused by these issues must be applied when diagnosing and treating former refugees (Halcon et al., 2004; Yeh et al., 2006).

Kagee (2004; Kagee & Price, 1994) proposed that mental health practitioners could effectively work within a holistic systems based approach, providing community development and advocacy, and capitalising on pre-existing strength in these clients in order to ameliorate distress. Kagee argues that a focus on the individualised Western psychology is not only culturally inappropriate, but ignores the social and political systems that impact upon survivors of mass human rights violations, such as Sudanese, Sierra Leonean, and Liberian humanitarian entrants have endured.

8.1.2 A Systems Approach

Silove (1999, 2005) argues that five core systems are impacted by trauma, and are therefore restructured during one's trauma adaptation journey: Safety/security; attachment; justice; role/identity; and, existential/meaning. Western psychology arguably focuses primarily on the safety/security system, in that threats to one's personal safety, or witnessing threats to the safety of others, are the focus of diagnoses of PTSD. However Silove argues that each system must equally be the target of therapeutic intervention in order to effectively enhance the well-being of former refugees. For example, Silove (2005) states that family reunion, or at best the confirmation of the status of family members, is essential to ameliorating distress in the attachment system, whilst employment opportunities may enhance wellbeing by acting upon the role/identity system. These systems complement the four recovery goals proposed by the Victorian Foundation for Survivors of Torture: Restore safety, enhance control, reduce fear and anxiety; Restore attachment and connections to others; Restore meaning and purpose to life; Restore dignity and value (Aristotle, 1999).

Chapter Eight argues that each of Silove's (1999; 2005) proposed systems are equally affected by pre-migration, en route, and post-migration factors. Therefore, it is suggested that therapeutic options that target components of each of these systems should focus not only on pre-migration trauma but also on ongoing resettlement challenges.

8.2 Results and Discussion

Results from the current study reflect a range of ongoing challenges African-Australians face in their struggle both to adapt to the trauma they have survived and to adapt to life in Australia. Previous literature has suggested that the experience of ongoing resettlement challenges impacts negatively upon one's trauma adaptation journey (Aristotle, 1999; Kagee, 2005; Silove, 2005; Westoby, 2009). That participants in the current study readily expressed resettlement challenges as impacting upon their experiences of life crises supports this proposition.

In the discussion below, the challenges that confronted participants in this investigation in the process of their resettlement in Australia have also been related to the trauma adaptation process within a systems based model. Figure 12 adapts Aristotle and Silove's models, with the addition of themes elicited from the current study.

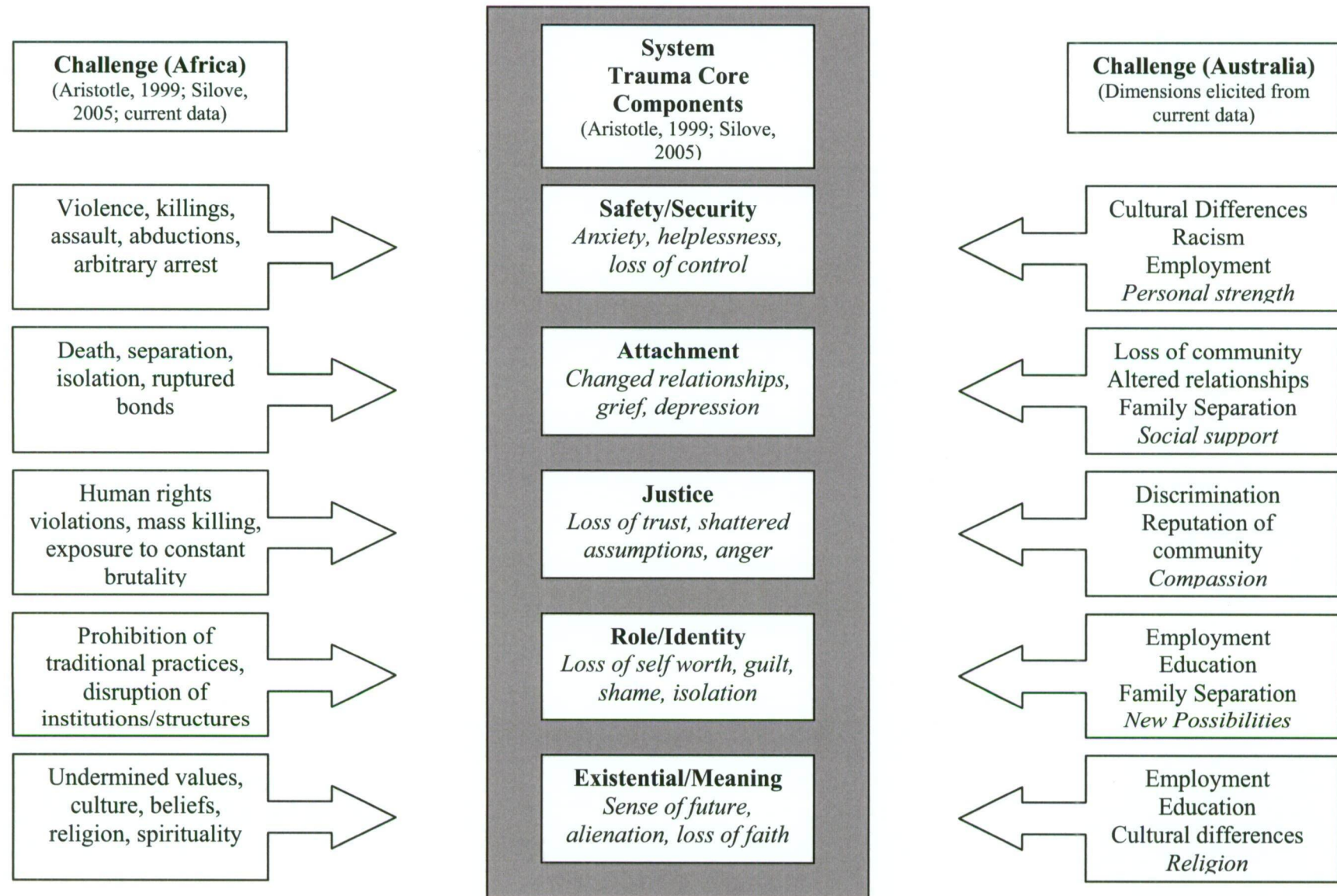


Figure 12. A model of the impact of ongoing resettlement challenges on trauma adaptation.

8.2.1 Cultural Differences Leading to Distress

The experience of resettling in a new country is difficult for any migrant. One could argue, however, that those who have resettled under the Humanitarian migration program face additional challenges, due to their relative lack of preparedness. As Murray, Davidson, and Schweitzer (2008) argue, humanitarian entrants arrive in Australia with very little cultural orientation, and are faced with a new language, cultural values and world view, food, bureaucracy, etc. Former refugees have previously suggested that the cultural orientation that they do receive is inadequate, and is often incorrect, being delivered by inexperienced locals in their prior country of refuge (Sweeney, 2008; Tasmanians Talking, 2009).

The process of acculturation is complex and beyond the scope of this thesis, however future research should investigate the interaction between acculturation stress and pre-migration trauma in light of the current findings. The cultural differences that confront humanitarian entrants from African nations in their resettlement in Australia are often stark, and contribute to feelings of uncertainty and social exclusion. For example, Orange (Sudanese) expressed her feeling of being locked out of Australian society because of the differences in culture:

*“For me if not the war I be able to cope more home,
because they’re my own people, they’re from my culture
and we have everything in common, so you be able to
struggle a little bit and you move on, but here very hard,
you go this way the door is locked, you go back that way*

*the door is locked, in front of you the door is locked, it's
very hard sometimes."*

These feelings of exclusion and uncertainty are often cited as being more difficult for Sudanese and West African Australians to cope with than residual traumatic distress (Westoby, 2009). In many cases, these feelings can exacerbate previous trauma, as they limit the ability of the survivor to feel secure, regain trust, and rebuild schemas and life narrative (Schweitzer et al., 2006), thereby negatively impacting the safety/security and existential/meaning systems. In addition, former refugees may be experiencing grief at the loss of their culture, a construct known as Cultural Bereavement (Eisenbruch, 1988; Eisenbruch et al., 2004).

The two dimensions of cultural differences that were expressed by participants in this study were Loss of Community and Altered Family Relationships. Both of these themes contributed to ongoing distress in these samples.

Loss of Community. A common theme amongst participants of this study was that they had lost the feeling of community they had when living in their home countries in Africa. Participants felt that Australian society is one in which people keep to themselves, and are overly private. Quotations that highlight the feeling of Loss of Community can be found in Table 30 below.

Previous research has found that loss of community was one of the major adjustments people feel they need to make when settling into the Australian culture (Flanagan, 2007; Khawaja & Meuter, 2008; Steel, Silove, Bird, McGorry, & Mohan, 1999; Sweeney, 2008; Tilbury et al.; Westoby, 2009). For example, former refugees often state that at home there would be

people to support them through their life crises, however in Australia it seems as if no one cares about each other (Khawaja & Meuter, 2008; Sweeney, 2008). This is supported by the current results.

Table 30

Quotations that Exemplify Loss of Community

Quotations

- “[In Australia] you can be alone in the whole house like this, but in African society you can’t be alone. We like to be in groups, like the bird is in the air, we do not like to be separated from one another, but, here is Australia and that is their own principle, so I just have to go with that one to maintain myself in that group.” (Jaidy, Liberian)
- “I have come to learn that locals, Tasmanians, are not that friendly. I’m not saying all of them, but they don’t open up like other friend which I met along the way...so I have that difficulty in uni, the first two or three lectures I sat down and nobody talks to you.” (Joe, Sierra Leonean)
- “One thing about us African, if you make friends with someone, you tend to like be free with the person and stuff, if you see the person you will go to the person and greet the person and stuff, but one thing I’ve noticed that with the whites, even though you know them or are friends with them, sometimes they walk past as if they don’t know you.” (Rosaline, Sierra Leonean)
- “Sometimes it’s like oh the place [Australia] is boring! We are used to the loud life and when you come here nobody cares about you.” (Sally, Sierra Leonean)
- “In here not like Africa. If it is in Africa my right hand neighbour will help my left hand neighbour this one will help and this, so you won’t worry too much, but here sometimes in the whole area you live you don’t know your neighbours. If something happen in the middle of the night what are you going to do?” (Orange, Sudanese)

Given the importance of social support for both the Sudanese and West African samples, as was described in Chapters Six and Seven, this feeling of Loss of Community may impact negatively upon the trauma adaptation journey, specifically within the attachment system. As was

previously discussed, participants in this investigation feel that they have the support of their own communities, and describe this support as one of their coping strategies, however the Loss of Community theme demonstrates that support is not felt from members of the mainstream community. As mentioned above, the valuing of privacy in Australian culture is often perceived as a lack of compassion. This therefore leads to a feeling of social exclusion.

Social exclusion has been cited as presenting a significant risk to the successful resettlement of former refugees, and is therefore a major contributor to the wellbeing or otherwise of Sudanese and West African Australians (Murray et al., 2008; Westoby, 2009). Loss of culture and social support, boredom, and isolation, particularly from social groups within the mainstream context, was one of five factors contributing to post-migration difficulties in Steel et al.'s (1999) study of Tamil refugees who had resettled in Australia. Similarly, social exclusion was cited as a hindrance to successful resettlement in a sample of Sudanese-Australians (Shakespeare-Finch & Wickham, 2009).

Sweeney (2008) suggests that community building approaches, and programs working on building friendships between migrants and members of the local community represent effective means of increasing capacity within migrant communities and thereby ameliorating psychological distress caused by social exclusion. Similarly, former refugee communities recommend that assistance or guidance in forming social connections would increase levels of wellbeing and successful settlement in Australia (Shakespeare-Finch & Wickham, 2009).

However, in order for former refugees to feel included, the host country's attitudes to migrants must be taken into account (Murray et al., 2008). Welcoming is an important value for many collectivistic cultures, and the reception of migrants into the Australian community often does not meet the expectations of those who resettle here (Sweeney, 2008). This therefore can be a barrier to perceived social inclusion for migrants. Community building approaches should therefore focus not only on increasing the capacity of migrant communities, but also on educating local communities and encouraging people to be active in the social inclusion of all members of their local community.

Altered Family Relationships. Differences in family relationships were the second major dimension of cultural differences elicited in the current study. Participants expressed differences between Australian values in marriage and domestic relations, for example in gender roles. Participants were also concerned about the differences in Australian values regarding parent/child relations, particularly in the freedom their children now have. Both of these cultural differences often led to family breakdown. This is of concern not only to the families involved, but also to the greater community, as Mr Nice (Sudanese) explained:

"I've seen husbands and wives splitting, children getting, they are going into the street, they don't want to study, this kind of stuff affects me sometimes, but you don't have any way to help"

Where family breakdown occurs, this is a threat to the attachment system, and can result in feelings of grief and depression. Quotations that exemplify Altered Family Relationships can be found in Table 31 below.

Intergenerational and inter-gender relationships have been cited in the extant literature as factors contributing to challenges to resettlement (Westoby, 2009). Khawaja and Meuter (2008) reported that the loss of traditional power structure was a source of distress particularly for males in the Sudanese community they worked with in Queensland, Australia. This study supports this suggestion. Tilbury and Rapley (2004) similarly suggest that the traditional roles of men are threatened by the Australian culture, with many men feeling control is placed with women and children in this country. At times, this can lead to difficulties understanding and complying with Australian laws regarding what we view as domestic violence (Shakespeare-Finch & Wickham, 2009; Westoby, 2009).

The loss of traditional discipline of children, and the resultant decrease in respect shown to elders, represents a similar source of distress for migrant families (Khawaja & Meuter, 2008; Shakespeare-Finch & Wickham, 2009; Tilbury & Rapley, 2004; Westoby, 2009). Tefera (2007) suggests the differences in world-view of the older generation and the younger generation is enhanced in Australia due to the readiness with which the children learn and adopt Australian cultural norms and values. Family breakdown may then ensue as parents may enforce stricter discipline in a bid to maintain the control they felt they previously had, and that they feel is

Table 31

Quotations that Exemplify Altered Family Relationships

<i>Marriage and domestic relations</i>	<i>Parent/child relations</i>
<p>“In our tribe, to get married is, there is no specific number of women you can marry so you can marry just many as you want, so is really very different to my life now. You are committing yourself to one wife in Australia. When I look into the Australian culture I say oh, how will I do this? I thought I would marry maybe two wife, having only one wife is going to be hard” (Buom, Sudanese)</p> <p>“In Africa there is just certain roles that are particular for males or females. Things such as maybe doing house chores and looking after kids and maintaining the house and just making sure you look after your family, that is mostly the work of the female, and the male is like, to make sure he is the breadwinner of the house, so that’s the building of the house and providing income to the woman, but in here we find the whole thing different.” (Hope, Sudanese)</p> <p>“Everything is upside down. The patriarchal kind of power it is gone, you know, everything it is the child, it is the woman, so that manhood, that African perspective is gone, so we have a lot of problems because the perception is totally different and the expectation is not what they are looking for.” (Luku Luku, Sudanese)</p>	<p>“Like in Sudan if you are under 18 if you have a boyfriend it is a secret between your boyfriend and you. If any of your relatives get the information that you have boyfriend you will be beaten severely and your boyfriend too.” (Yei, Sudanese)</p> <p>“Lots of kids are spoiling here. Sometime they decided to leave their mum just for nothing, I don’t want to stay with you, but they don’t want their mum to tell what is good for them. In Africa you can’t decide to go and live for your own when you are young, when you are 18 years. Sometime we leave when we are 20 something years, 30 years you still live to your Mum.” (Miss, Sudanese)</p> <p>“You are the girl, you are allowed to bring your boyfriend in the house, these thing for us as a African is very strange, we never see before so with our teenagers, when something happen like that, you are the mum you have to talk to them or even yell at them, they call the police upon you, the police come and say ok while you are 18 you go. So is very hard, and we never leave our parents, until you leaving your parent’s to go to your own house.” (Orange, Sudanese)</p> <p>“It is very very difficult to live at this age, I am almost 29 years old and I am living under my parents, it is my problem, there are many things that I will not like, they will not like, for example I get out like this, I am always being a kid under my mother, the way I see it, she always wants to know where are you? Why are you not at home at this time? Which is not the right way, that is number one problem that I am facing.” (Reedan, Sierra Leonean)</p>

taken away by Australian laws (Shakespeare-Finch & Wickham, 2009; Tefera, 2007; Tilbury & Rapley, 2004; Westoby, 2009).

Table 32

Quotations that Exemplify Concern for the Children

<i>Quotations</i>
“When they [children] come here they see everything just in front of them they think that noone will stop me. Back home our culture restricts us from doing bad stuff... everything your parents tell you whether it’s wrong or it’s right, you’ve got to listen to your parents...so when they come and have everything, they’ve got freedom, they can do whatever they want.” (Mr Nice, Sudanese)
“We’ve had about two or three of our boys now in jail within two years and pretty soon, by the look of things how things are going we’ll find most of our kids out there in the streets or in jail, and this is not why we brought them here, we brought them to have a good life, we want to have the best out of them we want all of them coming here to be people of substance.” (Ophelia, Sierra Leonean)
“I don’t want my children to suffer like I do, yeah, I don’t, I want my children to work, to go to school without going to work, I’ll work for them.” (Achani, Sudanese)
“This is what I’m working towards to make sure they [children] succeed in their life, not only for their good, but for the good of the community.” (Bibo, Sudanese)
“We fight now with Australian culture, at how we adopt it, and the law, and how we seeing our kids, some of them is spoiled because of the laws.” (Orange, Sudanese)
“You have been suffering through all this war to have the kids and when you come here you expect to do nice things, go to school, to study to the uni, to get a good job to help the other people back home, so then if he is misbehaving getting out from the house, so it means you did nothing.” (T, Sudanese)

The differences between parent/child relationships across African and Australian cultures leads to a great concern parents have for their children (see Table 32 above). This concern is also due to the sacrifices they have made in

order to make their children safe and provide a good life for them. The concern many have for the children reflects their desire for their communities to be active contributors to Australian society, as was highlighted in Chapter Six.

Due to their collectivistic ideals, and the sacrifices many parents took to ensure their families arrived in Australia safely, breakdown of the family structure is particularly troubling to these communities. Many of the values expressed in Table 32 are seen as central to the 'African' culture. As Ophelia stated:

"When you look at it morally, ethically, western world is nowhere in morals, because I can't have my daughter at the age of even 15 having a boyfriend, it is impossible. But here it is allowed, in Africa it's no way!"

Previous research has also demonstrated that parents feel children may either misinterpret or exploit the freedom and rights they have in Australia, causing further distress to their parents (Khawaja & Meuter, 2008; Westoby, 2009). Taylor (2005) found that Sudanese people who had resettled in the rural community of Shepparton in Victoria, Australia expressed their satisfaction with the values inherent in the community. Participants in Taylor's study articulated that Shepparton had retained its values, such as active church-going, and that this attracted them to the area. Members of migrant communities have recommended that mainstream support agencies, including law enforcement agencies, should have an awareness of cultural differences in intergenerational and inter-gender relationships, and to apply this awareness when working with migrant communities. In addition, cultural

orientation processes should be improved in order to make former refugees more aware of the potential for these challenges prior to their arrival .

Cultural differences between one's original culture and their host culture can therefore result in substantial distress for the individual. Westoby (2009) describes the cultural disorientation that results from the upheaval of a social body to a new cultural system as 'Cultural Trauma'. Cultural Trauma refers to the confusion of coping with conflicting cultural systems, such as managing family conflict, or integrating the positives from two cultural value systems. Westoby suggests that children misunderstanding freedom is therefore an example of Cultural Trauma, as parents perceive this as their children choosing the negative aspects of both cultures. However Westoby also describes changing gender dynamics, intergenerational conflict, and changes in inter-community relations as 'Social Trauma'. That is, these distressing experiences are due to the disruption war and forced migration causes to one's social and interpersonal worlds. In addition to the similar dimensions elicited from the current data, the following section highlights additional dimensions that fall within the Social Trauma category.

8.2.2 Ongoing Life Crises during Resettlement

In addition to the cultural differences between their home countries and Australia, participants in the current study expressed ongoing adversity experienced in their new home. Two dimensions were elicited from the data that highlight ongoing crises: Racism and Discrimination, and Worry for Loved Ones Left Behind.

Racism and Discrimination. The fact that racism is prevalent in Australia is inescapable to those who experience it every day. Racism and discrimination was articulated by a large proportion of participants in this investigation, and was cited as ongoing hardship humanitarian entrants endure. However, many participants commented that the racism they encounter from the mainstream population is coped with in similar ways to the previous traumatic experiences they survived. For example, as can be seen in Table 33 below, racist assaults are often referred to as a by-product of the way someone was raised, and participants were likely to either ignore the insult, or to ask God to forgive the perpetrator. Participants were also likely to blame racist or discriminatory behaviour on the ignorance of mainstream Australians as to the reasons humanitarian entrants were in Australia, their backgrounds, and culture.

Experiences of racism and discrimination have been raised in previous research investigating the settlement experiences of former refugees in Australia (Boyce & Madden, 2000; Flanagan, 2007; Shakespeare-Finch & Wickham, 2009; Tefera, 2007; Tilbury & Rapley, 2004; Westoby, 2009). For example, Flanagan (2007) found that the majority of those resettled in Tasmania had experienced some form of racism, including physical and verbal abuse. Similarly, 50% of a sample of Sudanese-Australians living in Tasmania had been verbally or physically abused, or had been denied access to services (Shakespeare-Finch & Wickham, 2009). Racial discrimination also appeared as a significant component of one of five factors that contributed to post-migration living difficulties, leading to ongoing psychological distress in Tamil humanitarian entrants in Australia (Steel et al., 1999).

Table 33

Quotations that Exemplify Racism and Discrimination

<i>Attitudes of Mainstream Australians towards African-Australians</i>	<i>Violence/verbal abuse</i>
<p>"I can tell you about some of the racist people I face here in Australia, like Australian people don't understand why we came here." (Achani, Sudanese)</p> <p>"it's just what they see out there, that children are running around naked and are having dirty water to drink, they are having swollen stomach and flies running around their mouth, that's the only picture they see. What about the other side of Africa that people should love? And so when we come in people laugh at us, ah you should thank God you have a beautiful house, were you ever living in a house? So these are all what we are talking about the government needs to educate these Australians about Africans." (Ophelia, Sierra Leonean)</p> <p>"My colour has separated, denied some of my privileges to make friends again, it is only black friends that I can make. It can be good to make white friends but there are some that are very difficult to approach." (Reedan, Sierra Leonean)</p> <p>"There are a lot of racisms in the hospital, in the market, day to day people. It's like the white man sees the black, the black man like you are nothing, you are poor, you are a sickly person, you don't have anything, we always begging." (Sally, Sierra Leonean)</p>	<p>"I'm dark colour, ok, black person, the first time when I arrive here, just wanting to go someplace like here, people look at you funny, some people abuse you on the street." (James, Sudanese)</p> <p>"I remember one day I was passing, sorry, 'fuck you black lady' [middle finger raised]. Yeah! Me and my boys, we just laugh and the boys say 'Mum, don't mind him' I say 'I'll never mind him' that's what he was taught at home." (Sally, Sierra Leonean)</p> <p>"Sometime in their car they will open the windows, they spit at you, it's very terrible... Even some people they throw bottle at people on the road." (Achani, Sudanese)</p> <p>"I remember one time when I was coming home from church, like the people they were in a car and they were drinking beer. As soon as they saw me they threw the beer on me, they threw the beer on me and they said the f-word. It hurt so much, but it's just like there is nothing that you can do, you just have to let go, they just, at that moment I just said God to have mercy on them." (Rosaline, Sierra Leonean)</p>

The attitudes of the mainstream Australian public are often shaped by media portrayals of refugees and asylum seekers, and the ignorance of the Australian people of Africa itself is often marvelled at by former refugees (Boyce & Madden, 2000; Flanagan, 2007; Tefera, 2007). This is reflected in the quotations displayed above. The attitudes of the Australian public often change according to recent events (Murray et al., 2008). For example, Taylor (2005) stated that racism increased sharply and unexpectedly toward a sample of Iraqi humanitarian entrants in response to the public linking of Islamic religion to terrorism after the 2002 Bali bombing.

Experiences of racism may impact negatively on the trauma adaptation journey. Aristotle (1999) suggests that racial prejudice can perpetuate feelings of isolation, shame and guilt, whilst verbal and physical abuse can reinforce fear and feelings of worthlessness, and threaten security and safety. Shakespeare-Finch and Wickham (2009) stated that racism and discrimination toward participants in their study led to feelings of social exclusion, fear, and regret. Racism and discrimination can therefore impact the security/safety system, as well as the justice system. Where racism threatens feelings of self worth, it also impacts negatively upon the role/identity system.

As mentioned above, the reception of migrants in the local community contributes to feelings of social inclusion or otherwise. Successful settlement, and therefore general wellbeing, can only be achieved in a social environment in which one feels accepted and safe. The attitudes of the host country therefore make a substantial contribution to the wellbeing of migrant communities (Murray et al., 2008). It has been suggested, therefore, that

activism against racism is an essential component of culturally appropriate mental health care for CALD clients (Flanagan, 2007).

Worry for Loved Ones Left Behind. More troubling to the African-Australian participants than experiences of racism and discrimination, however, were the family and loved ones they had left behind in Africa. This was particularly the case for those who were in the process of proposing, or had unsuccessfully proposed, their loved ones to come to Australia. This worry was combined with their sense of obligation to their families, and placed great strain on participants both financially and emotionally. Quotations that highlight this dimension can be found in Table 34 below. Separation from one's family, and the fear and worry that results, impacts negatively upon the attachment system. Unfulfilled obligations to one's family impacts upon the role/identity system, and can lead to feelings of guilt, shame, and decreased self-worth.

Worry about and obligations to loved ones left behind and the family reunion process have consistently been shown to be amongst the most significant concerns for former refugees (Boyce & Madden, 2000; Carroll, 2004; Flanagan, 2007; Khawaja & Meuter, 2008; Laird, 2008; Rousseau, Mekki-Berrada, & Moreau, 2001; Schweitzer et al., 2006; Shakespeare-Finch & Wickham, 2009; Steel et al., 1999; Tilbury & Rapley, 2004; Westoby, 2009). For example, the pressure to send money to family at home is seen as one of the ongoing pressures that former refugees face that adds to psychological distress, particularly when their own economic status is not secure (Carroll, 2004; Tilbury et al.). This may stem from collectivistic notions

Table 34

Quotations that Exemplify Worry for Loved Ones

<i>Quotations</i>
“I am the first born so I have to help my younger brothers I have to send them money, they have to go to school or if somebody sick, I have to send money to be treated, yeah we have a different culture we used to help each other.” (T, Sudanese)
“I see other people still suffering in Africa, in my country, I want to study at least Australian people will need to be more aware.” (Achani, Sudanese)
“I have my people there [in Sudan], and they are going to be tortured, they are going to be killed, for no cause. Simply because of people who want war to force their religion, force their political beliefs, or take people’s land.” (Bibo, Sudanese)
“At least if I have a job I’ll be able to take money and send to my son mother and see how best to get her home [to Australia], because I really need my parents and my son mother. [Then] I be relaxed.” (Bill, Liberian)
“It is never in peace because it’s bordering Uganda, so there is constant genocide, this is still going on. My mum is still in Uganda, my parents couldn’t come, so I am worried for her.” (Gale, Sudanese)
“Since 1997 I have never seen my mother, my father and some of my brothers are missing, my good friends I don’t know where they are sometimes. It plays on me, I don’t really feel happy sometimes. So I’m just praying one day I will find my mother and my father and some of my brothers.” (Gideon, Sierra Leonean)
“I need to support my family, to bring them here, but even now I don’t have that asset [a job], even I was planning to bring my fiancé here, but... it involves a lot of processes and involve money, so all these things are still contributing factors to my stress.” (Jaidy, Liberian)
“We are in the airplane, I start crying, oh my god, I left my mum, [she] is now going to die alone, nobody is going to take care of her, I know also, nobody’s going to do business get money and buy everything for her, yeah it’s really hard.” (Juwa, Sudanese)
“I miss my relatives and only that I’m worried about what they are facing also, but I can’t help it.” (Kasara, Sudanese)
“If I can settle my dad and my young brother who is going to university now, if they are all ok, you know, so it will give relief on me.” (Luku Luku, Sudanese)
“You think like, here is a good end, but sometimes you still making it hard and harder because every day you are thinking about your family back home, what is happening to them, are they alive, are they eating?” (Orange, Sudanese)

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of supporting one's family; the extended family is a source of economic stability in many African nations (Laird, 2008).

In addition to these obligations, the fear for the safety of loved ones is continual, as many humanitarian entrants have family that remain in war torn regions of Africa, or in refugee camps in which there is little more security. For example, fear for family at home represented a single factor of the post-migration living difficulties questionnaire designed by Steel et al. (1999) for use with Tamil refugees. Being reunited with one's family is cited as essential for the wellbeing of many humanitarian entrants, and is suggested by migrant communities as a means to increase the mental health of their communities (Boyce & Madden, 2000; Flanagan, 2007). Tilbury and Rapley (2004) suggest that assistance with family reunion processes may be more important than traditional mental health services in the first instance.

Family separation not only represents an ongoing challenge to resettlement that impacts negatively upon the trauma adaptation journey, but can in fact be a source of traumatic distress itself. Family trauma has been shown to be more important to a sample of Congolese-Canadians, even though some 40% had survived their own traumatic experiences (Rousseau et al., 2001). That is, participants were more distressed by experiences their family members had than experiences they had themselves survived. Similarly, Tilbury and Rapley (2004) found that leaving family behind in Africa was a significant source of depressive symptomatology in African-Australian women. Separation from one's family can be a continuous link to the past (Rousseau et al., 2001; Tilbury & Rapley, 2004) which may result in the inability of former refugees to ruminate positively on their experiences,

and thereby limit their ability to adapt positively to trauma. Rousseau et al. also report that participants who were living in Canada without family perceived themselves as more disoriented than those who had family living with them. Therefore, family reunion may serve as a protective factor against some of the broader challenges to resettlement.

8.2.3 Barriers to Positive Adaptation

Westoby's (2009) third category of post migration distress is termed Social Distress. Westoby claims that social distress is due to structural inequality, and the distress that this causes within the social realm. He describes Social Distress as "social mourning" (p.70). The following barriers to positive adaptation were articulated as factors that caused distress to participants in this study, that impacted upon their ability to feel included in Australian society, and therefore caused Social Distress.

Language Difficulties. Issues with speaking the English language were only articulated in the Sudanese population, as Orange and Gale commented:

"Why we are here having this all depression? First we're in strange land, and the second thing, the language... This is so hard, for me to study the language, to learn."

(Orange)

"English is frustrating because I couldn't catch up."

(Gale)

Difficulties with language and communication are commonly expressed as part of the challenges humanitarian entrants often face when

resettling in a new country (Boyce & Madden, 2000; Flanagan, 2007; Shakespeare-Finch & Wickham, 2009; Tilbury & Rapley, 2004; Westoby, 2009). The Integrated Humanitarian Settlement Support scheme currently provides 510 hours of English language acquisition support for humanitarian entrants into Australia, however for some migrants this is not enough time to effectively communicate (Boyce & Madden, 2000; Tilbury et al.). This can exacerbate feelings of social isolation, exclusion and cultural bereavement. Westoby proposes that language difficulties may be grouped into the Social Trauma category, rather than Social Distress, as it can put the individual at risk of further isolation.

Sierra Leonean and Liberian people speak versions of English in their home countries, and were therefore less likely to express difficulties with learning the language. However West African Australians may have difficulty in academic English due to the differences in the education system and in the expression of English across the nations. West African Australians also commented that due to their accents, mainstream Australians often assume they cannot speak English, leaving them feeling frustrated and marginalised. For example:

“Something that was mandatory was we had to go to TAFE [college] to learn English, so when you went to the interview you had to write a short essay and answer a few questions. I did everything correctly [but] the guy told me I had to go to the intermediate second year”
(Joe, Sierra Leonean)

Many African humanitarian entrants also comment anecdotally that children pick up the language before their parents, and therefore often are made to act as interpreters when their parents access mainstream services. This places undue pressure on children, and disempowers their parents, particularly in a culture where respect for one's elders is a key social value. Combined with this is the parents' worry that their children may lose their mother tongue, contributing to feelings of cultural bereavement. T and Orange discussed this:

"T: But our worry is they don't speak now the language..."

O: Slowly slowly it's going off their mind... At [school] there is only my daughter and my son, they are the only blacks, the whole school the only blacks, so no one can speak the same language where they come from, so they have to speak English with the Australian kids"

A limitation of this study is that interviews were conducted solely in English and therefore excluded potential participants who may have been faced with additional communication difficulties. This has a subsequent impact on their ability to access education and employment, and therefore many of the resettlement challenges in this chapter may have been more prominent in these participants. Language difficulties were still raised by those who had arrived in Australia without English proficiency.

Concern for the Reputation of Community. Another concern that was unique to the Sudanese-Australian sample was for the reputation of their community. Many of the interviews were conducted in late 2007, at the time

of then Immigration Minister for the former conservative Australian Government led by John Howard, Kevin Andrews' statements regarding the decrease of the Humanitarian resettlement quota from Africa from 70% to 30%, and increased media attention into the integration of Sudanese communities into the Australian culture. After 19 year old Sudanese man Liep Gony was bashed to death on the 28th of September, 2007, then Federal Immigration Minister Kevin Andrews was quoted as saying of the Sudanese:

"They tend to have more problems and challenges associated with them. Their level of education, for example, is a lot lower than for any other group of refugees. They've been in war-torn conflict for a decade, many of them. Many are young . . . and many have been in refugee camps for decades. It doesn't make much sense to me to acknowledge you have a problem . . . but not actually slow down the rate of intake until you've dealt with it." (as cited in Whinnet, Packham, & Jean, 2007)

"Australia has the right to ensure that those who come here are integrating into a socially cohesive community." (as cited in K. Newman, 2007).

"I have been concerned that some groups don't seem to be settling and adjusting into the Australian way of life as quickly as we would hope and therefore it makes sense to put the extra money in to provide extra resources, but also to slow down the rate of intake from countries such as Sudan." (as cited in Farouque, Petrie, & Miletic, 2007).

He was supported by then Prime Minister John Howard who stated:

"I think assimilation or integration, whichever word you want to use, into the Australian community can from time-to-time be an issue. We've been very successful in this country, we do integrate people very readily and it's just a question of taking a common sense approach and ensuring enough time in order to get people fully integrated into the community" (as cited in Whinnet et al., 2007)

These comments sparked the fears and disappointment of the Sudanese-Australians who participated in this study. Their disappointment

was sometimes targeted towards Sudanese community members who had committed crimes, and at other times against the government and media who participants felt perpetuated negative stereotypes against the Sudanese community.

“Some people misbehave in the community. It upsets me, people shouldn’t do bad things.” (Gale)

“It’s just like if someone, people who do the wrong thing, like if you put onion together in one part, if one get rotten, all of them got rotten, so it’s like if one person did something wrong and I was from the same culture, I feel as I’m the one who did it.” (Yei)

“I’m working with childcare [and] I don’t feel like people trust me that much, they will say that seeing those people and being mentioned in the media, those are the bad people and I feel sometime terrible at my workplace... That one make me feel angry, because coming to Australia here, we are looking for safer place, and this place that we expect to be safer, the media, the government spoil it.” (Achani)

Participants from both the Sudanese and West African Australian samples were likely to talk about their integration or otherwise into the Australian community. At times, participants also expressed an assimilationist attitude, perhaps due to their fears related to negative stereotypes. Others

expressed a feeling of resentment at the idea that Australia is portrayed as a multicultural society and yet migrants are often faced with mainstream attitudes that suggest otherwise. These perceptions may therefore impact negatively on African-Australian’s feelings of justice.

Table 35

Quotations Expressing Attitudes Towards Integration

<i>Quotations</i>
“I first sort of isolated myself and look at the culture first, and then I just sort of taking some people from Australian culture, there’s some guys I used to walk with them and they take me sometimes to play the cricket and (laughs) and they taught me a lot of things, and if something is really different with Australian culture they will tell me.” (Buom, Sudanese)
“This is a different country, everything is different, so we need to change our way of life to fit into society.” (Gale, Sudanese)
“Whenever you go to an areas you have just got to adapt yourself to that system, or to what is in the community, meaning that if you go to Rome you do what the Romans do.” (Jaidy, Liberian)
“They are going to be living here so they have to learn how the system works here. We can not implement different system because these things are already done, so we can’t change them, so long that they are here and they are part of the community they have to implement what is suitable here.” (Kasara, Sudanese)
“Everybody should appreciate each other differences.” (Sally, Sierra Leonean)
“People are also hopeful to understand different culture and put them in practice, so we also start learning how people behave, how do we interact in public, these are the kind of things we learn and we put them into practice.” (Yei, Sudanese)
“With the kids we bring in, we tend to impart our values, our African culture and values in them, but somehow we are stopped because this is Australia, and this is how it’s done here. [Australians say] You are no longer in Africa so you have to forget, it’s not that they say you have to forget about it, but when you try to it’s like, no, no, no, no, no, you are in Australia.” (Ophelia, Sierra Leonean)

Table 36

Quotations that Exemplify Concern for Employment and Education

<i>Employment</i>	<i>Education</i>
<p>“The only thing now I have is to get the job. If I get a job from there other things will work out, because getting a job it means now you will be able to get a bit settled and you will be able to plan...I begin a strategies of how to maintain the job, how to keep my family happy, how to care for my kids the way I want.” (Bibo, Sudanese)</p> <p>“At least if I have a job I’ll be able to take money and send to my son mother and see how best to get her home [to Australia].” (Bill, Liberian)</p> <p>“I hoped that I may be in the job force, working, supporting my family back in Africa, to rehabilitate the demolished properties that have been left back home, but up to now I’m not getting that facility, it was my expectation, I was having high expectations on my arrival to Australia.” (Jaidy, Liberian)</p> <p>“I better do my social work and I can help my community, not only to get a job, but just provide the services and link them between Africans.” (Kasara, Sudanese)</p> <p>“Most of African here they’re really looking hard for a job to get a job to support their people back home.” (Orange, Sudanese)</p> <p>“Getting job is also one [problem], because I remember when I came here I apply for so many jobs, but sometimes when you take in the resume sometimes they just leave it, they condemn it.” (Rosaline, Sierra Leonean)</p>	<p>“I came with some frustrations because I have to go back again to school, not to work...Coming to Australia to get to start work you have to get certain qualifications to Australian standards.” (Beyan, Liberian)</p> <p>“I started looking for a job, and I couldn’t get the kind of job which I was trained to do, so I was advised to go to uni.” (Joe, Sierra Leonean)</p> <p>“The problem here we can’t get a job because there the way we doing our school, like our studying level is very low, you have to speak well and write well, get certificate. So that’s why if we come here we first want to learn first...We want education first, and we want education for our children.” (Juwa, Sudanese)</p> <p>“Coming to Australia we just said, if there is a chance to go back to school and to get all our family back to school, if Australia can offer that, we don’t mind to go to Australia.” (Achani, Sudanese)</p> <p>“Back in Africa there is some education, but being here it is something to achieve for myself. If I get a good level of education then my children will be able to get something that I will not get.” (Gale, Sudanese)</p> <p>“What I feel that can only make life change is through better education and get a good qualifications that can improve my life in future.” (Jaidy, Liberian)</p> <p>“I said I must I must look for ways in order to better myself, and education was the key.” (Mr Nice, Sudanese)</p>

Concern for Employment and Education. Perhaps the most prominent concerns of the African-Australian samples were those for their continuing education and employment in Australia. Quotations can be seen in Table 36 above. The majority of participants expressed their desire to continue in their education, and those who did not instead expressed a desire for their children to study hard at school. This was connected with their desire to contribute to the Australian community, and was also due to their strong emphasis on finding employment. Education in Australia was generally regarded positively, supporting previous literature (Boyce & Madden, 2000; Flanagan, 2007).

The importance of education has been highlighted in a number of studies (Boyce & Madden, 2000; Flanagan, 2007; Goodman, 2004; Jaranson et al., 2004; Oktikpi & Aymer, 2003; Sweeney, 2008). In her study of Sudanese youth, Goodman found that a value for education was the strongest theme that contributed to their strength. Education was described in her study as a key means of being somebody. Therefore education impacts upon the role/identity and existential/meaning systems. Jaranson et al. highlights that education is a means to economic stability, and therefore contributes to feelings of security and that one can fulfil their obligations to family.

However, many humanitarian entrants have difficulty adjusting to the education system in Australia. For example, Gideon (Sierra Leonean) stated:

*"I am presently in the university with a lot of stress
because the style of learning is quite different from
Africa."*

Further, parents often express concern that their children are placed in grades according to their age group in Australia, even though they have not achieved that grade from their previous studies in Africa (Westoby, 2009; Tasmanians Talking, 2009), and former qualifications are not regularly recognised by Australian employers and tertiary institutions (Murray et al., 2008). For example, Joe stated:

“I started looking for a job, and I couldn’t get the kind of job which I was trained to do, accounting, so I was advised to go to uni.”

A report commissioned by DIMIA (2003) demonstrated that humanitarian entrants who are using their highest qualifications in Australia have better settlement outcomes than those who are forced to return to study.

As can be seen in Table 36, many participants also cite finding employment as their top priority at the time of the interview. For many, having the security of employment would mean they would be able to care for family in Africa, as well as for their family in Australia, and that employment would mean they could settle and plan for their lives. Participants felt that this would relieve a lot of stress, and suggests that employment impacts strongly upon systems of security and safety. Employment may also impact the role/identity and existential/meaning systems, by providing a sense of purpose and future. Many participants stated that they had difficulty finding employment, due to unaccepted qualifications, language difficulties, or discrimination, which contributed to their feelings of Social Distress.

Previous research has also found employment as a significant priority for former refugees (Boyce & Madden, 2000; Flanagan, 2007; Murray et al.,

2008; Shakespeare-Finch & Wickham, 2009; Steel et al., 1999; Sweeney, 2008; Taylor, 2005; Tefera, 2007; Westoby, 2009). Participants in Boyce and Madden's investigation of humanitarian entrants in Tasmania expressed that without employment they felt that they were forced to depend on others. This study also supports DIMIA's (2003) report in which a participant commented that if he could get a job, the rest of his resettlement challenges would be alleviated. Employment in the DIMIA report correlated positively with wellbeing. Similarly, poverty, difficulty finding work and/or poor job conditions loaded on one of the five factors associated with post migration living difficulties in Steel et al.'s study on Tamil refugees.

People within migrant communities recommend that positive discrimination be applied in the areas of education and employment for former refugees, by providing more opportunities to work and study, and exercising flexibility in the recognition of former qualifications (Flanagan, 2007; Shakespeare-Finch & Wickham, 2009; Sweeney, 2008). In addition to this, a focus on expanding the capacity of former refugees in Australia through additional education programs, and providing them with the skills and support required when working within the Australian culture is essential to ameliorating distress associated with low socio-economic status (Khawaja & Meuter, 2008; Laird, 2008).

8.3 Summary and Conclusion

To summarise, Chapter Eight has shown that distress experienced by Humanitarian entrants is not confined to traumatic memory of pre-migration experiences, but in fact may be more strongly emphasised as a result of post-

migration challenges. Throughout Studies Two and Three, ongoing challenges in Cultural Differences, Racism and Discrimination, Worry for Loved Ones, and Barriers to Positive Adaptation, were consistently raised as contributors to ongoing mental health issues. These factors cannot be ignored when establishing culturally appropriate mental health support for Humanitarian migrants to Australia. It therefore appears that working within a holistic, systems based model of mental health support may be most effective at ameliorating symptoms of distress in Australia's African Humanitarian migrants. Though literature on acculturation stress was beyond the scope of this thesis, future research should investigate the interaction between acculturation and pre-migration trauma, and how intervention strategies may effectively target these factors in an holistic manner.

Chapter Nine will now discuss the similarities and differences found between all three models of trauma adaptation in the current programmatic suite of research, relating them both to PTG theory, and the potential for providing culturally appropriate support in mainstream psychological services in Australia.

Chapter Nine

General Discussion

“‘Forty-two,’ said Deep Thought, with infinite majesty and calm.”

- Douglas Adams

This thesis began with a description of the histories of three nations that have experienced social upheaval for decades. The stories told by participants in the current studies have served to personalise these histories, demonstrating how the political landscape of a country has potentially devastating effects upon its citizens. Due to these experiences, it is often assumed that when resettled, former refugees will experience severe mental health problems as a result of traumatic memories.

Chapter Two then argued that whilst there can be devastating effects resulting from a traumatic experience, the majority of survivors of these atrocities are resilient. Therefore it was argued that a salutogenic paradigm best encapsulated the gamut of experience possible, both positive and negative, following a traumatic event. Calhoun and Tedeschi's (2006) model of PTG was then introduced as the most appropriate salutogenic model of the trauma adaptation process. Section 9.1 discusses the key results of Study One (section 9.1.1), and then compares these with the current model of PTG (section 9.1.2) Section 9.2 highlights key similarities and differences between the three models of trauma adaptation developed. This chapter then evaluates the appropriateness of the salutogenic paradigm, and compares the models elicited in Studies Two and Three with the model of PTG (section 9.3.1).

Hypotheses for the differences found in the models of PTG elicited in Studies Two and Three are then presented (section 9.3.2).

Chapter Three highlighted the potential influence of proximate and distal culture on the experience of trauma, suggesting that Individualism and Collectivism in particular may impact upon the experience of trauma adaptation. Section 9.3.3 discusses the aspects of the three models presented that suggest proximate and distal culture play a role in the trauma adaptation journey. This chapter highlights how the rich understanding of the experience of life crises in the Sudanese and West African Australian samples outlined in this research provides an important contribution to the provision of culturally appropriate mental health support for Australia's Humanitarian Entrants.

Chapter Eight highlighted the impact that ongoing distress has on former refugees. It argued that a holistic, systems based approach to therapeutic intervention may be appropriate, given the emphasis this sample placed on the distress that resulted from resettlement challenges, rather than from lasting traumatic memories. Section 9.4 integrates this with the models of trauma adaptation developed from the African-Australian samples, demonstrating that culturally appropriate practice may incorporate existing strengths based therapeutic practices, indigenous coping and healing techniques, community development approaches, and advocacy.

9.1 The Caucasian-Australian experience of life crises

After investigating the construction of PTG outcomes in a Caucasian-Australian sample (Shakespeare-Finch & Copping, 2006), we were interested in understanding the complete model of post-trauma adaptation for this

sample, and to understand how this model differed from that expressed by Australians of African refugee backgrounds. Study One therefore aimed to develop a model of the trauma adaptation journey for a sample of Caucasian-Australians. The section below highlights the key results obtained from this sample, and presents implications for Calhoun and Tedeschi's (2006) model of PTG.

9.1.1 Key Results

The model developed from the Caucasian-Australian sample contained adverse effects that resulted from the experience of trauma, mechanisms through which participants adapted positively or negatively to the experience, and growth outcomes. Within the distress dimension, participants articulated both physical and emotional distress. The most pervasive of distress elements appeared to be *Loss of Control*, which was articulated by a majority of participants. This facet led to *Self Deprecating Emotions* in which participants felt shame and guilt, and a sense of weakness at their response to the experience. This is discussed in further detail in section 9.3.3 below.

Participants expressed both positive and negative forms of social support. *Positive Social Support* included practical assistance and support groups. It was proposed that the latter form of support reflected survivors' need to co-ruminate with supportive others who validate their thoughts surrounding the experience. *Lack of Support* facets were, however, more pervasive. Participants expressed that their family and friends were unlikely to discuss the experience with them, did not understand their reactions, and

encouraged them to ‘soldier on’ despite the distress they were experiencing. Each of these facets was reflected upon in a negative manner by participants. Other mechanisms of adaptation to trauma in the Caucasian-Australian sample included *Avoiding*, *Acceptance*, and *Action*. The latter dimension referred to the participants’ desire to regain self-control and to move forward in a positive manner, whilst *Avoiding* referred to the individual’s conscious and subconscious efforts to avoid the adverse effects of the experience.

Four growth outcomes were elicited from the Caucasian-Australian sample: *Personal Strength*, *Focus on Life’s Positives*, *Compassion*, and *Effortful Reinvention of Self*. *Compassion* included empathy and understanding of others who have experienced similar life crises, and a desire to help others in similar situations. *Effortful Reinvention of Self* was characterised by the elimination of negatives from the survivor’s life, and the fostering of positives. Importantly, a majority of participants also expressed *Enduring Distress* that coincided with their perceived growth outcomes.

As has been discussed in Chapter Five, the Caucasian-Australian model incorporates largely similar themes to those elicited in previous studies. However, the model does have several interesting implications for our understanding of PTG within the Australian population. Section 9.1.2 explores these implications.

9.1.2 Implications for Posttraumatic Growth in an Australian Population

The Caucasian-Australian model of trauma adaptation developed in Study One follows a similar pattern to the model of PTG developed by Calhoun and Tedeschi (2006). Likewise, the outcomes of growth expressed

by this sample were largely similar to the outcomes proposed by Tedeschi and Calhoun (1995, 1996) and established in further research in western nations (Cordova, Cunningham, Carlson, & Andrykowski, 2001; Frazier, Conlon, & Glaser, 2001; Shakespeare-Finch & Morris, 2010; Snape, 1997; Weiss, 2004). For example, *Personal Strength* in the PTGI is assessed using items such as “a feeling of self-reliance”, and “I discovered that I’m stronger than I thought I was” (Tedeschi & Calhoun, 1996, p. 460). These sentiments complement those found in the Caucasian-Australian sample (see Chapter Five).

Similarly, Study One found an emphasis on *Focus on Life’s Positives*, a dimension that reflects similar notions to those measured by the *Appreciation of Life* factor of the PTGI. *Effortful Reinvention of Self* may be conceptualised alongside *Focus on Life’s Positives* as part of the changes one makes to their priorities in life (Park, Aldwin, Fenster, & Snyder, 2008). For example, Tedeschi and Calhoun (1996) report that survivors of trauma are likely to relax and enjoy life more. Survivors have also been shown to increase healthy behaviours (Milam, 2006; Park, 1998; Tedeschi et al., 1998), which complements the ‘fostering the positives’ facet of this dimension.

Unlike the construction of PTG in the US literature, there was little emphasis placed on *Relationships with Others*. When this was investigated further in Study One, it was found that the support given to participants was often lacking, and therefore participants had often searched elsewhere for meaningful, understanding relationships. Therefore, the lack of the *Relationships with Others* dimension in the Caucasian-Australian sample may be reflective of this general lack of adequate support. However, this dimension is relatively well endorsed in quantitative research in Australia

(Morris et al., 2005; Shakespeare-Finch & Morris, 2010; Shakespeare-Finch, Smith, Gow, & Baird, 2003). It is therefore unclear why participants in this sample were unlikely to express a feeling of stronger relationships with others. This is an interesting avenue for further research.

Compassion was articulated by a large majority of the Caucasian-Australian cohort, particularly in relation to future career paths. *Compassion* does not appear as a measurable outcome on the PTGI (Tedeschi & Calhoun, 1996), however is part of the *Relationships with Others* factor. In other research in an Australian population this item loaded on the *Appreciation of Life* factor, suggesting the conceptualisation of compassion in this population may not be connected to enhanced relationships with others, but rather with changed life priorities (Park et al., 2008; Shakespeare-Finch & Morris, 2010). Therefore the *Compassion* dimension warrants further attention insofar as it may be a distinct factor that is made up of additional facets.

The final facet of the PTGI (Tedeschi & Calhoun, 1996) is *Religious or Spiritual Growth*. However, the Caucasian-Australian sample did not articulate growth of a religious or spiritual nature. Likewise, only one participant articulated an attempt to cope through turning to religion, though this resulted in disappointment: “*I started going to church...I talked to the pastor of the church and he didn’t seem to, I don’t know, provide any answer that would like, give me an answer*” (Ebony).

This does not mean that the Australian sample had no religious beliefs. On the contrary, at least half of the participants indicated some prior religion, and most continued to hold these beliefs post-trauma. For example Bob stated:

"I'm catholic and I live by the broad religious principles...but coming back here, coming to university and getting involved in just learning, that gives me more pleasure than anything else, so I don't need the spirituality."

In this quotation, however, Bob exemplified the Caucasian-Australian sample's emphasis on concrete, controllable aspects of their post-trauma world, rather than more spiritual or esoteric aspects. Similarly, participants in Study One did not use religion for making meaning of the event. For example: *"Retrospectively, it's made me a stronger person but I wouldn't say that, no I couldn't believe God could do that"* (Belinda).

The lack of religious growth or coping is consistent with previous quantitative research utilising Australian samples (Morris et al., 2005; Shakespeare-Finch et al., 2003; Shakespeare-Finch & Morris, 2010) and some European nations. For example Calhoun and Tedeschi (2006) comment that religious coping is often seen as an unhealthy response to traumatic events in European survivors of trauma, and questions regarding religion are often disregarded. Similarly, other samples regard their religious faith as weaker after their experience, rather than stronger (Pargament, Desai, & McConnell, 2006). Therefore amongst Western nations it appears that there is a differential change in religion in times of crisis: US samples endorse religious forms of coping and growth, whereas European and Australian samples are less likely to do so.

Therefore, the model of trauma adaptation in the Caucasian-Australian sample is largely similar to that developed by Calhoun and Tedeschi (2006).

Compassion and the lack of *Relationships with Others* are avenues for further research that could utilise both quantitative and qualitative methodologies to investigate the makeup of these factors for the mainstream Australian population. The major difference of a lack of religious or spiritual coping or growth outcomes is interesting, and suggests a cultural difference between the religiously inclined US and the perhaps more secularised Australia. The results of Study One, however, generally reflect an expected pattern for this mainstream Western culture.

9.2 African-Australians' Experiences of Life Crises – Similarities and Differences with the Caucasian Australian Model

This section highlights the key results of the models developed for the Sudanese and West African Australian experience of life crises, and compares them to the Caucasian-Australian model and to each other. Key similarities and differences are displayed in Table 37 and are discussed in the sections below. Differences that have implications for Calhoun and Tedeschi's (2006) model of PTG are discussed in section 9.3.2. Themes that demonstrate the impact of culture are highlighted in bold, and are discussed in detail in section 9.3.3 below.

Table 37

*Key Similarities and Differences Between Three Models of Trauma**Adaptation*

<i>Broad Theme</i>	<i>Caucasian</i>	<i>Sudanese</i>	<i>West African</i>
<i>Distress</i>	Distress	Distress	Distress
	Loss of Control		
	Self Deprecation		
<i>En Route</i>		Survival Standing Together	Survival Community Support
<i>Support</i>	Positive Support	Talking Friendship Advice Seeking	Talking Friendship Advice Seeking
	Lack of Support		Not Burdening Others
<i>Mechanisms for Adaptation</i>	Avoiding	Avoiding*	Avoiding*
	Acceptance	Acceptance*	Acceptance*
<i>Growth</i>	Action Strength Compassion	Strength* Compassion	Compassion
	Focus on Life's Positives	New Possibilities	Better Times Ahead
	ERS		
<i>Other Outcomes</i>	Enduring Distress	Religion* Enduring Distress Rumination	Religion* Enduring Distress Rumination

Note: * Expressed a process leading to positive adaptation, rather than as personal growth outcomes.

9.2.1 A Sudanese-Australian Story

Study Two aimed to develop a model of the trauma adaptation process for a Sudanese-Australian sample. Similarly to the Caucasian-Australian model, this model contained a holistic perspective of the experience, including adverse effects, and coping mechanisms. Unlike the Caucasian-

Australian model, the Sudanese-Australian experience of trauma adaptation did not stem from one discrete traumatic event, but rather in the context of ongoing crisis.

Unlike the Caucasian-Australian model, the *Acceptance* facet in this model referred to the acceptance of death and the normalising of suffering. In the Caucasian-Australian model, acceptance referred to the resignation of oneself to the reality that the event had occurred, and to the cognitive restructuring of mental schemas that included their new reality having survived this event. Following *Acceptance* in the Sudanese-Australian model was a period of survival that was assisted by the support of one's friends, family, and elders in the community. Unlike in the Caucasian-Australian model, *Support* was reflected upon in a largely positive light, with family and friends providing emotional and practical support. In this sample, the notion that one could talk about one's experiences with supportive others was prevalent. This is similar to the Caucasian-Australians' experiences with support groups, however this was achieved via different sources in the two samples. A particular difference between the Caucasian-Australian and Sudanese-Australian cohorts was in the *Advice Seeking* facet of support elicited from the Sudanese-Australian sample. This was of particular importance to the latter sample, and has implications for the provision of mental health care in Australia (see section 9.4 below).

The Sudanese-Australian sample articulated four themes that reflected the process of positive adaptation: *Religion*, *Strength*, *New Possibilities*, and *Compassion*. *Strength* and *Compassion* were largely similar to the growth outcomes elicited from the Caucasian-Australian sample, however many of

the dimensions were articulated as reasons for participants' survival as well as a characteristic of their post-trauma identities. This may be perceived generally as coping, however reflects the process by which growth outcomes occur, and can therefore be regarded more broadly as part of the PTG model. Like the Caucasian-Australian sample, the Sudanese-Australian participants often expressed a desire to help those who were suffering the same hardships as they had themselves survived. In stark contrast to the Caucasian-Australian sample, this cohort strongly endorsed religious modes of coping and making meaning of their experiences. This can particularly be explained by the differences in cultural background of the two cohorts (see section 9.3.3 below).

Similarly to the Caucasian-Australian sample, the Sudanese-Australian sample was likely to express *Enduring Distress*, particularly in the form of *Rumination*. Participants expressed their inability to ever forget their experiences, and the intrusiveness of thoughts and memories surrounding past events. The presence of strong intrusive rumination at the time of data collection has interesting implications for the seeming absence of PTG outcomes (see section 9.3.2 below). In addition to these adverse outcomes, Sudanese-Australians were likely to express *Avoiding* of these thoughts and triggers of memories. Unlike the Caucasian-Australian sample, however, this avoiding was articulated as a form of coping with the experience, rather than as a detrimental mechanism (see section 9.3.3 below). This also has interesting implications for the provision of therapeutic practices (see section 9.4 below).

Study Two therefore elucidated several key similarities and differences between the models of trauma adaptation developed for the Sudanese and Caucasian Australian samples. Section 9.2.2 below outlines the key results for the West African-Australian sample, and highlights important similarities and differences between all three cohorts.

9.2.2 *A West African-Australian Story*

Study Three aimed to develop a model of the trauma adaptation journey for a West African-Australian sample. Similarly to the previous two models, this encompassed both negative and positive outcomes to the experience of life crises for this sample. Similarly to the Sudanese-Australian model, this model is constructed in the context of ongoing crises, rather than in the aftermath of a single discrete event.

Similarly to the Sudanese-Australian model, this model includes an *Acceptance* dimension characterised by the acceptance of death, and normalising suffering. In this model the latter facet has been dubbed *Life Wasn't Meant to be Easy* with reference to the unique idioms of this sample that were not so frankly expressed by the Sudanese-Australian sample. Stories of survival were more prominent in this sample than in the Sudanese-Australian sample, and coincided with a feeling of community support, somewhat similar to the notion of *Standing Together* elicited from the Sudanese-Australian sample.

Support in the West African-Australian cohort was largely similar to the Sudanese-Australian sample, in that friendship and the ability to disclose to family and friends were two positive aspects of emotional support given.

This sample also reiterated the *Advice Seeking* facet of the Sudanese-Australian model. Unlike the Sudanese-Australian model, however, the West African-Australian cohort expressed a fear that they would burden their friends and family by talking about their traumatic experiences too much (*Not Burdening Others*). This is somewhat similar to the Caucasian-Australian notion of *Soldiering On* and also impacts upon the *Avoiding* dimension in this cohort. The combination of notions of support within existing networks, as well as the guilt associated with burdening these networks has interesting implications for practice (see 9.4 below).

The latter parts of the Sudanese and West African Australian models are largely similar. Processes by which survivors of trauma in the West African-Australian sample felt they had positively adapted to their experiences comprised three dimensions: *Religion*, *Better Times Ahead*, and *Compassion*. Similarly to the Sudanese-Australian model, no personal growth outcomes were expressed, however themes similar to Western notions of growth were articulated as culturally sanctioned methods by which one was able to adapt positively to adversity. The *Better Times Ahead* facet was similar to the *New Possibilities* dimension of the Sudanese-Australian sample, however had a more futuristically oriented outlook. Both the *New Possibilities* and *Better Times Ahead* dimensions complement the *Focus on Life's Positives* dimension elicited from the Caucasian-Australian model, and have implications for the model of PTG within this sample (see section 9.3.1 below). Similarly to the Sudanese-Australian model (and unlike the Caucasian-Australian model) *Religion* had a substantial impact on the coping resources and construction of meaning for the West African-Australian

sample. A sense of strength, whilst articulated by a minority of the sample, was not a robust dimension elicited in this cohort, unlike the other two samples.

Similarly to the Caucasian and Sudanese Australian samples, this cohort continued to experience *Enduring Distress*, most prominently in the form of intrusive thoughts and memories (*Rumination*). Similarly to the Sudanese-Australian sample, *Avoiding* was elicited as a way to cope with these intrusive ruminations, and was articulated as an adaptive response for this cohort (see section 9.3.3 below).

The rich nature of the current results allows us to understand the intricacies of the experience of trauma from the perspectives of Caucasian, Sudanese, and West African Australians. The similarities and differences between the models allow us to ascertain important implications, both for the theory of PTG and for cultural psychology, and for the development of culturally appropriate practice. The sections below discuss these implications.

9.3 Implications for Theory and Directions for Future Theoretical Research

9.3.1 The Salutogenic Paradigm and PTG in African-Australian Populations

As was discussed above, each model of trauma adaptation included descriptions of both adverse and positive elements. The majority of participants expressed distress experienced at the time of the trauma, and enduring distress as a result. However, each of the cohorts also articulated mechanisms for coping with the experience and the resultant distress, processes by which they were able to adapt positively from the experience,

and the Caucasian-Australian sample in particular articulated a strong perception that they had experienced personal growth outcomes as a result of the experience. As was discussed in Chapter Two, a focus on pathology and dysfunction in former refugee populations perpetuates the sense that they are somehow incapable of coping with life on their own, and need the assistance of Western professionals. Rather, this and other research has shown that local coping methods and healing techniques are effective, and the majority of people who have resettled in Australia are resilient to the atrocities they have witnessed and experienced (Bracken, 2001; Westoby, 2009; Westoby & Ingamells, 2009). Therefore, it is proposed that the salutogenic paradigm was the most appropriate paradigm with which to investigate the experience of trauma from the perspectives of Sudanese and West African Australians.

The Sudanese and West African Australian models of post trauma adaptation developed in the current research, like the Caucasian-Australian model, follow a similar pattern to the model of PTG developed by Calhoun and Tedeschi (2006). Distress and rumination follow the experience of trauma, and social support is endorsed as having a positive influence on participants' adjustment to their post-trauma life. For these former refugees, the inclusion of a survival period in which *Acceptance* and community support play a role, is particularly important, and distinguishes this cohort from the mainstream Australian survivors of trauma. Given the protracted nature of the experiences of Sudanese and West African Australians, and the ongoing nature of their distress as a result of post-migration difficulties (see Chapter Eight), the extent to which the chronology of the PTG model fits the adaptation process for these samples is unclear. Indeed, it appears the process

of growth may not be best viewed as a personal journey, but rather a community journey. The themes described in Chapters Six and Seven may therefore indicate community growth. This proposition is supported in literature from collectivistic cultures in Asia, which has found a difference in the way survivors of trauma from these cultures consider PTGI items. For example, Ho et al. (2004) found that in their sample of Chinese cancer survivors, PTGI items loaded on a second order, two-factor model, including an interpersonal and an intrapersonal factor. This indicates that these collectively oriented participants were likely to view PTGI items as pertaining not only to an individual's personal trauma adaptation journey, but also how this journey impacted upon others. This two-factor model was also found to be more appropriate to a sample of Thai tsunami survivors than the original five-factor model (Tang, 2007). Tang's study also suggested that the Southeast Asian cultural perception of the inevitability of human suffering may alter the experience of PTG, such that trauma is a validation of one's worldview, rather than the shattering of it.

What are described in the African-Australian models as culturally sanctioned processes by which one is able to adjust to adversity and hardship mirror several of the PTG dimensions described by Tedeschi and Calhoun (1995; 1996). These dimensions are discussed and compared to the PTG model in the sections below.

Strength. A sense of *Personal Strength* was expressed by the Sudanese-Australian sample, and items in the PTGI somewhat reflect the nature of this strength. For example, item 10 on the PTGI is 'knowing I can handle difficulties' (Tedeschi & Calhoun, 1996, p. 460), which reflects the

determination facet of the Sudanese-Australians' *Strength* dimension. Whilst strength was not found to be a robust dimension in the West African-Australian sample, a minority of these participants mentioned their strength in passing, for example:

"I would not, I didn't give up, because this life is a race, it is like you are taking a bicycle race, and so if you stop only half way, somebody will pass you. And so because you don't want somebody to pass you, you have to continue running the race" (Mary, Liberian)

Similarly, both African-Australian samples expressed acceptance of hardships. The *Acceptance* dimension is reflected in the *Personal Strength* factor of the PTGI with the item 'being able to accept the way things work out' (Tedeschi & Calhoun, 1996, p. 460). This suggests that these items would be endorsed by participants.

However rather than being articulated as a growth outcome (I feel stronger because of my experiences) strength was articulated as a survival and coping mechanism (I survived this hardship because I am strong). Therefore, whilst the sentiments of the *Personal Strength* factor may be endorsed by the African Australian samples, participants were not likely to see these notions as being as a result of their experiences, but rather that it was their ability to accept hardships, and have the hope and determination to survive, that enabled them to be resilient to the effects of trauma. It appears that rather than being outcomes that participants in this sample would indicate as being personally applicable, *Strength* is instead a cultural value that allows the Sudanese-Australian sample in particular to be resilient to adversity. In

research aiming to quantify this growth, participants may not respond well to PTGI items because they reflect a personal journey (I am strong), but may instead indicate their agreement with an item reflecting strength of the group or society (e.g., 'We are stronger because of our experiences'). This is indicative of the collectivistic focus of these African cultures.

New Possibilities/Better Times Ahead. The Sudanese and West African Australian cohorts both articulated a sense of having new possibilities available to them, and the hope for a better future than they would have had if they had not resettled in Australia. However, these themes are more strongly tied to the opportunities participants have in Australia, rather than a sense of new priorities as a result of experiencing trauma. These opportunities afford participants the chance to help people who remain in their home countries in ways they would not have been able to if they had not been resettled in Australia. Therefore, whilst these themes represent growth outcomes of a kind, it is unclear whether they reflect *post-traumatic* growth, or *post-resettlement* growth.

New Possibilities and *Better Times Ahead* are expressed not only for participants as individuals, but also (and perhaps more emphatically) for their children, and for their community as a whole. That is, rather than only endorsing PTGI items such as 'I developed a new path for my life' and 'I am able to do better things with my life' (Tedeschi & Calhoun, 1996, p. 460), participants are also likely to express the hope that their children would be able to achieve better academic and career goals in Australia than they previously had the opportunity to do. Participants may therefore again express agreement with items with a collective focus (e.g., 'we are able to do better

things with our lives'). Whilst this does not correspond directly to the individualistic PTG model, it does reflect perceived growth. This can be explained by the fact that war trauma is an inherently collective experience, disrupting familial and community networks (Summerfield, 1997a), and therefore any sense of growth from the experience must be targeted towards the group, rather than the individual. The collectivistic values of these samples may also explain the focus on family and community in this dimension.

Relationships with Others. A feeling of stronger relationships with others was not articulated by the Sudanese or the West African Australian samples in this study. However, the *Support* dimensions elicited from both of these samples very clearly demonstrates the contribution of relationships with others to their resilience. Similarly to the broader PTG model, social support impacted positively upon the post trauma adaptation journeys of the African-Australian cohorts.

PTGI items such as 'knowing that I can count on people in times of trouble' and 'I accept needing others' (Tedeschi & Calhoun, 1996, p. 460) were articulated by African-Australian participants, and this suggests that these items would be very strongly endorsed by participants. However, as for the *Strength* dimension above, these sentiments were not expressed as growth outcomes, but rather as reasons for participants' survival, or as ways in which they can ameliorate feelings of distress resultant from intrusive rumination. This inclusive attitude is therefore reflective of the collectivist values of the African-Australian samples, and may again reflect cultural growth.

Religion. As has been discussed in section 9.2 above, the most substantial difference between the Caucasian-Australian model and the two

African-Australian models was the presence of *Religion* as a coping mechanism for the latter samples. The presence of religious coping styles is consistent with literature from the US, and religious and spiritual growth appears on the PTGI as a relatively well endorsed PTG outcome for US samples. Unlike US samples however, *Religion* in the African-Australian samples was again expressed not as a strengthened religious faith, nor as a greater understanding or appreciation of religious or spiritual matters, as described in the PTGI (Tedeschi & Calhoun, 1996), but as a means by which participants were able to make meaning of the experiences they had, to cope with the survival period, and to be resilient to the adverse effects of trauma. Religion is thought to help people to grow through providing “enhanced meaning of life, increased social support, acceptance of difficulties and having a structured belief system” (Shaw, Joseph, & Linley, 2005, p. 2). Therefore whilst the Sudanese and West African Australian samples did not perceive themselves to have changed in their religion or spirituality post-trauma, it seems that they do use religion and spirituality in a similar manner to that described in the literature. That is, religion and spirituality are perceived as mechanisms by which people are able to adapt positively to hardship, and has developed as a culturally sanctioned norm.

Compassion. As was discussed in section 9.1.2 above, *Compassion* has been elicited as a robust dimension in the Caucasian-Australian sample, and may be an interesting avenue for future research into PTG outcomes for Western cultures. This dimension similarly appears in the models developed for the Sudanese and West African Australian samples. For the Caucasian-Australian survivors of life crises, this was expressed as the development of

heightened empathy for and understanding of others who are experiencing similar life situations and emotions, and the desire to begin careers oriented toward assisting these people.

Similarly to the Caucasian-Australian model, an emphasis was placed upon career opportunities that would enable African-Australian participants to be of assistance to people who have experienced similar life crises, and many African-Australian participants were interested in returning to Africa to put their studies into practice in order to help their former countrymen. However, as with previous dimensions, *Compassion* was not expressed as a personal outcome that individual survivors had developed post trauma, but again as a cultural norm. That is, African-Australian participants perceived themselves as having the opportunity to now enact their compassionate values due to their ability to access education that was previously unavailable to them, such as social work and nursing.

Whilst *Compassion* may reflect a cultural norm that was previously present in African-Australian participants, the targets of that compassion seemed to develop due to their personal experiences with trauma. For example, Miss (who was herself orphaned at a young age) stated: “*When I came here [Australia] after little bit settled I went back to school, I studied, I get a job, maybe one day I will sponsor orphans*”. Therefore, like the Caucasian-Australian dimension, *Compassion* as a form of action may have developed as a result of survivors’ experiences.

Therefore, the Sudanese and West African Australian samples both reflected similar themes and dimensions to either the Caucasian-Australian model developed in Study One, or to that developed by Calhoun and Tedeschi

(2006) based on predominantly Western research. However, the majority of these dimensions were expressed not as personal growth outcomes resultant from their experiences with trauma, but rather as culturally sanctioned mechanisms that enabled them to survive these experiences and remain resilient to their adverse effects. That is, growth may have occurred on a cultural basis, rather than as a personal journey. The section below presents hypotheses for this difference in the expression of PTG.

9.3.2 *What is PTG for African-Australians?*

The lack of articulation of PTG as personal outcomes in the African-Australian samples may be due to the fact that the war situation and associated poverty is protracted in Sudan and West Africa, and due to this their suffering is almost a normal part of life. This was reflected by both cohorts within the *Acceptance* dimension, particularly in *Normalising Suffering* and *Life Wasn't Meant to be Easy*. Therefore it may be hypothesised that the outcomes that we perceive as growth in Western nations, are part of the cultural norm for African-Australian participants; not discovered post life-crisis.

In potential support for this hypothesis, Basoglu et al. (1997) investigated the psychological preparedness of two refugee samples and found that those who had been political activists in their lives prior to their imprisonment and torture were less likely to experience intrusive recollections, distress when presented with triggers of the torture, and hypervigilance, all symptoms of PTSD. Though the two groups were not significantly different on total PTSD, preparedness for torture did predict 12% of the variance in PTSD symptoms (Basoglu et al., 1997). This result was

supported by Roncevic-Grzeta et al. (2001) in their similar research with survivors of torture, and Schweitzer et al. (2006) has similarly stated that expectancy of trauma reduces psychological distress.

As Summerfield (1997) argued, war trauma is not a personal experience, but one in which entire communities are disrupted. Growth outcomes such as strengthened religion, a feeling of personal strength, and supportive relationships with others, may therefore have developed over a longer period of time as social and cultural values, in order to promote the resilience of these cultures. These factors may therefore be perceived as mechanisms for positive adaptation that people have been 'trained' in, rather than as personal growth outcomes. This hypothesis was supported by John's (Sierra Leonean) statement that:

"We are trained to be resilient in the face of trouble and I decided to look, I have to make it out of here, I have to do something for myself, I have to make it out of here so that's how I got up and begin to escape [Sierra Leone]."

Similarly, Ophelia (Sierra Leonean) said:

"We've been taught right from our toddler stage that life is like, when you are walking and you have bashed your foot against a stone, you don't sit there and say I've bashed my toe, you get up, you rub it, for that moment you feel it, but get up and walk, because that's how life is."

This idea supports the construct of 'social resilience', in which a community is able to recover after a political, economic, or environmental disturbance on a social level, rather than as individuals (Adger, 2000;

Goodman, 2004). Social resilience refers to the fostering of resilience within an individual by the social interactions of a community (Harvey, 2007), and it appears that for those within the African Australian samples, values and dispositions that enable one to be resilient are encouraged in the social context.

Janoff-Bulman (1992) suggested that a traumatic event shatters the fundamental assumptions one holds about the self, the world, and the place of the self in the world. The first of the assumptions Janoff-Bulman proposes we hold, is that the world is benevolent. That is, good things happen to good people. In a protracted conflict situation such as that which has been present in Sudan and West Africa, it may be suggested that the benevolent world view assumption has in fact been replaced by the need to be determined, to have hope, to have strong community support, and to have faith in a benevolent god. It is possible that the personal PTG outcomes witnessed in Western psychological research are the shift of individualistic ideology to a more collectively oriented value system after the shattering of these inherently Western assumptions. For example, the change from a focus on material wealth to appreciation of the little things in life present in the *Appreciation of Life* factor, and acceptance of relying on others in the *Relationships with Others* factor, are reflective of a collectivistic worldview. Therefore it may be argued that PTG outcomes as presently conceived are not part of the personal experience of growth for people from these African nations, but rather are reflections of their strategies for allowing resilience and growth to occur.

However, the lack of personal experience of PTG outcomes expressed by the African-Australian participants may also be due to participants in this sample continuing to suffer hardships in their resettlement journey, as was discussed in Chapter Eight. Many participants perceived themselves as being equally in crisis as they were during the war times, and therefore it is possible that they have simply not yet had a chance to experience a range of growth outcomes. If followed longitudinally from a period prior to resettlement, participants may be assessed as experiencing personal growth.

Additionally, part of the PTG model is that deliberate rumination is a necessary precursor to growth outcomes within the PTG process (Calhoun & Tedeschi, 2006). However, participants in this sample were still in the process of experiencing intrusive ruminations (flashbacks, nightmares) and were actively avoiding triggers of these ruminations, rather than deliberately trying to process these thoughts. Participants in these samples may still be in the process of incorporating the experiences they have survived into the narrative of their lives. That is, due to the short period of time in which African-Australians have lived in relative safety, the ongoing life crises they experience, and the focus largely on avoidance coping methods, it may simply be that there has not been enough time for the process of PTG to reach the stage at which growth outcomes are perceived. This could be assessed through longitudinal research with resettled humanitarian entrants. However, one may also argue that the *Acceptance* dimension indicates that the experience of hardship is very much incorporated into the life narratives of the African peoples.

The above hypotheses are speculative and require further research in order to support or refute these ideas. However it is clear that there are qualitative differences between the construction of PTG for Caucasian, Sudanese, and West African Australians. There are also several differences in the qualitative expression of the trauma adaptation process which do not seem to be related to PTG, but that reflect cultural differences that have a potential impact upon the provision of culturally appropriate mental health services in Australia. The theoretical implications of these are discussed in section 9.3.3 below, before a discussion of practical implications is presented in section 9.4.

9.3.3 The Impact of Distal and Proximate Culture on the Experience of Life Crises

Several of the themes elicited from the three sample groups were distinctly different across culture. These were: *Loss of Control and Self Deprecation; Support*, including *Advice Seeking, Lack of Support*, and *Not Burdening Others; Avoiding; Action and Effortful Reinvention of Self*, and *Religion*. These differences are explored in the section below in the context of the proximate and distal cultural variables that were described in Chapter Three.

Loss of Control and Self Deprecation. The most prominent distress facet that was elicited from the Caucasian-Australian sample was *Loss of Control*, and concurrent *Self-Deprecation*. Whilst West African-Australians expressed a feeling of shame and guilt at some of the acts they were forced to resort to in their struggle to survive, there was no sense of self-deprecation at their perceived lack of control. Likewise, the Sudanese-Australian sample did

not articulate a feeling of distress at the lack of control they were experiencing.

Two explanations were articulated for the sense of weakness Caucasian-Australians felt at no longer having control over their emotional responses: 1) The personal value of being a self-reliant person, who should be able to personally cope with the crisis; and 2) The perception that others expect the survivor to be in control of their emotional response. The Individualistic nature of Australian society is such that self-reliance and personal strength are valued (Hofstede, 1984). It appears that this Caucasian-Australian sample supports these distal cultural values, resulting in the sense of weakness, inadequacy and the distress that followed participants' perceived loss of control and inability to personally cope with their life crisis. Additionally, the attitudes of participants' existing support networks appeared to act within the proximate cultural system to reinforce the second explanation. That is, by encouraging survivors to 'solider on' and by negating survivors' ability to self-disclose, support networks within the proximate system reinforced the distal norms of self-reliance and control. It seems very likely that shame and guilt expressed by the Caucasian-Australian sample is due to the culmination of the distal and proximate influences of individualistic norms and values on the survivor of crisis.

Previous research on the type of control prevalent in individualistic cultures indicates that they are more likely to favour primary control (Heppner et al., 2006; O'Connor & Shimizu, 2002; Spector et al., 2004; Weisz et al., 1984). That is, individualistic nations are likely to support the active attempt to change their physical, social and emotional world to suit their personal

goals or beliefs (Rothbaum et al., 1982; Spector et al., 2004; Weisz et al., 1984). In contrast, collectivistic cultures are more likely to seek control through secondary control pathways. That is, they are more likely to adapt themselves to suit the social world in which they find themselves, and change as it too changes (Heppner et al., 2006; Rothbaum et al., 1982; Spector et al., 2004; Weisz et al., 1984). Weisz et al. demonstrated this through a series of observations of Japanese and US American cultural practice. Examples of differential control preferences appear in child rearing practices and socialisation, the nature of religion and philosophies within each cultural group, and the nature of business decisions. For example, US education and moral socialisation favours allowing children to discover what is moral behaviour for themselves, to encourage open discussion, and often does not favour a strict 'right' or 'wrong' answer. Collectivistic cultures such as Japan and many African cultures, however, favour respect for one's elders and the strict obedience to one's parents (Weisz et al., 1984). These differential socialisation practices lead to the emphasis on different control styles, as the US child is therefore encouraged to decide for him or herself (primary control), whereas the Japanese child is encouraged to change his or her own decisions for the sake of harmony in the group (secondary control). This is of course not to say that all members of a culture generally regarded as collectivistic will display a secondary control preference, nor that all within an individualistic culture will prefer a primary control style, simply that research suggests that there is a tendency for this pattern to occur.

Western psychological discourse generally asserts that secondary control is dysfunctional, in that it reflects learned helplessness or low self-

efficacy, however in collectivistic cultures, secondary control may be adaptive, given the nature of social relationships (O'Connor & Shimizu, 2002; Spector et al., 2004; Weisz et al., 1984). Achieving harmony between the self and the social world may allow someone from a collectivistic culture to feel more at ease with the situation. The facet *Loss of Control* may in fact reflect the loss of primary control, and the Caucasian-Australian participants' inability to regain that primary control in the immediate short term. Therefore, this may be an individualistic trait. Thus, the presence of *Loss of Control* and *Self Deprecation* as substantial themes elicited from the Caucasian-Australian sample and their notable absence in the African-Australian samples could be explained through differential preferences in control for these cultures.

Support. The proximate cultural settings that influenced the Caucasian-Australian sample's experience with life crises were, as expected, predominately made up of immediate family and/or close friends. It was not common for participants to have informed their extended family of the crisis, or for them to feel that their extended family or outer social network would in any way be connected with the experience. For example Alyson stated:

"It's been a lonely road in a lot of ways, my family, extended family I don't think even know about the incident...they've always been a bit distant."

This is again reflective of the individualistic nature of Australian society, in which 'family' refers predominantly to nuclear family groups. As was discussed in section 9.1 above, these family groups and close friendship networks were unlikely to provide adequate support for Caucasian-Australian participants, limiting their ability to self-disclose, and perpetuating distal

social norms of maintaining personal control. Due to these difficulties finding understanding others within their immediate proximate settings, Caucasian-Australian participants were likely to seek to extend their primary reference groups to include support groups and professionals who they felt would understand their experiences.

Unlike the Caucasian-Australian sample, both African-Australian samples were likely to express positive forms of social support being provided by their existing proximate cultural groups, such as the ability to self-disclose, and the value of friendship to act as a form of distraction from negative emotions. In particular, the value of having a large and extended family group who would stay with the survivor for as long as they needed assistance with practical and emotional matters displays the collectivistic traits of these African cultures. The loss of this collectivistic aspect of society is particularly problematic for the resettlement stage of the refugee journey (see Chapter Eight). The effectiveness of this form of support in their home countries means Sudanese and West African Australians are reluctant to seek out and trust mental health professionals, in favour of speaking with friends or community members. In particular, the lack of advice obtained from mental health professionals led to disappointment for those who sought professional support.

Advice Seeking. Advice seeking was, along with *Religion*, the most pervasive coping strategy articulated by participants in both African-Australian samples. Previous research has shown that cultures that are high in Collectivism have high advice seeking tendencies (Oyserman et al., 2002; Shulruf, Hattie, & Dixon, 2007). As has been discussed in Chapter Seven,

cultures that have highly religious value systems are also likely to look to a higher power for explanation of events, in order to make meaning from them. Secondary control enables people from collectivistic cultures to follow the guidance of religious leaders and those who have authority as a means to establish control in their own life. Therefore in the Australian social context, African-Australians may look to mental health professionals to provide this guidance. Due to the individualistic ideals of Western culture, however, the dominant psychological paradigm is one in which the individual seeks to make their own meaning and takes their own path, without the strict advice of the practitioner. Therefore this presents a direct mismatch of expectations between the African-Australian survivor of trauma, and the Australian mental health practitioner. This has implications for practice, and is discussed in section 9.4 below.

Not Burdening Others. Unlike the Sudanese-Australian sample, the West African-Australian sample expressed a fear of over-burdening their support networks with their own issues. This is consistent with research from other collectivistic cultures, which demonstrate that the act of ‘forbearance’, such as bearing the load God has provided for you, is honoured. This is linked to the collectivistic notions of considering the welfare of one’s loved ones before oneself, and therefore not burdening them with the load the survivor was ‘meant’ to bear.

Avoiding. *Avoiding* was expressed by all three samples. However in the Caucasian-Australian sample avoiding referred to the act of putting up a façade for friends and family, and thus pretending the experience had not changed the survivor. In the African-Australian samples avoiding referred to a

coping mechanism and therefore has positive connotations. The negative connotations with which Caucasian-Australians spoke of their avoidance of the effects of their experiences reflects the dominant psychological paradigm that has shaped a diagnosis of PTSD and posttraumatic distress symptomatology. In this diagnostic category, avoiding the effects of a traumatic event is deemed to be denial of the experience, and therefore detrimental to mental health. In the African-Australian cohorts, there did not appear to be an active denial of the experience itself, but a sense that there was no point in dwelling on trauma, and one should rather move on with life. This also reflects the slight difference in *Acceptance* across the three samples. That is, Caucasian-Australian participants accepted their experiences after a period of deliberate rumination and meaning making, whereas African-Australian participants accepted their experiences as a part of life. This acceptance was often necessary for their survival.

Avoidance is often seen to be maladaptive in Western trauma discourse, as it implies that the individual is exerting little control over their experience and adaptation to their post-trauma life. This is consistent with the Western preoccupation with primary control (Heppner et al., 2006; Rothbaum et al., 1982; Weisz et al., 1984). As was discussed in Chapter Seven, research in many collectivistic cultures demonstrates reliance on avoiding as an adaptive response to trauma, similar to that described in Studies Two and Three (Constantine et al., 2005; Goodman, 2004; Kagee, 2005; C. E. Newman et al., 2007). As was hypothesised in Chapter Seven, *Avoiding* may also be an active attempt at minimising the impact of the trauma on friends and family. Forbearance is an important attribute in many collectivistic cultures, and the

ability to hand over control to a secondary source, such as a religious figure or spiritual belief (e.g., fate) actually denotes a positive and adaptive response to distress in these cultures (Weisz et al., 1984). The secondary control that African-Australian participants may feel at avoiding memories of the experience may be more adaptive for people from these collectivistic cultures (Spector et al., 2004; Weisz et al., 1984). The emphasis on debriefing dominant in Western therapeutic practice may therefore be detrimental to the mental health of former refugees in Australia. This will be discussed in more detail in section 9.4 below.

Action and Effortful Reinvention of Self. The facets of *Action*, including *Effortful Reinvention of Self*, are the most commonly articulated themes of the Caucasian-Australian experience of life crises. It seems likely that this need to take control back, and reinvent the self in the Caucasian-Australian sample is due to the individualistic nature of Australian society. As stated earlier, to lose control of one's life was perhaps the most distressing aspect of the Caucasian-Australian participants' experience of life crises. It is due to this loss of control and feeling trapped in their distress that the participants' experience was filled with a sense of weakness and inadequacy. Having the freedom to reinvent one's being in their post-life crisis journey is therefore perhaps the most appropriate way to regain active primary control (Rothbaum et al., 1982; Weisz et al., 1984). This may lead to the sense of personal strength which is dominant in Western research on PTG.

Religion. As has been discussed throughout this thesis, *Religion* appears to be the most striking difference between the Caucasian-Australian and the African Australian construction of trauma adaptation. For both the

Sudanese and West African Australian samples, religious forms of coping were integral to participants' ability to cope with the experiences they had survived and represented one of the strongest mechanisms through which positive adaptation to hardship occurred. This is consistent with collectivistic cultures around the world, in that high religious faith is often correlated with Collectivism (Cukur et al., 2004; Lo & Dzokoto, 2005). In these cultures, secondary control is valued, and many of the world's events are explained by a sense of fate and determinism (Spector et al., 2004; Weisz et al., 1984). Conversely, for the mainstream Australian culture, whilst proximate cultural groups reinforce religion for some people, they may be more heavily influenced by their secular distal culture, and therefore religion does not play a role in their trauma adaptation.

In religions such as Islam and many indigenous religions, a fatalistic locus of control is inherent. As was discussed in Chapter Six, fatalism may also reflect the lack of control former refugees experience in their home countries due to cultural variables such as Power Distance and Masculinity. However, the reliance on religious explanations for events may also reflect the collectivistic notions of secondary control (Heppner et al., 2006; O'Connor & Shimizu, 2002; Weisz et al., 1984). In Western psychological discourse, the attribution of events to fate, chance, or religious beings may be seen as passive (Spector et al., 2004), however within the construct of secondary control, it is proposed that this is reflective of the partnership collectively oriented cultures perceive between the physical and spiritual realms (Rothbaum et al., 1982; Weisz et al., 1984). Therefore, attributing traumatic experiences to the will of God may be an attempt at secondary control, rather

than relinquishing control. This has important implications for practice in Western cultures, and is discussed in section 9.4 below.

Each of the above cultural differences in the experience and expression of trauma adaptation has implications for the way mental health professionals provide culturally appropriate mental health care to Australia's Humanitarian Entrants. The theoretical understanding of these differences enables us to evaluate existing therapeutic techniques, and to address inadequacies in the dominant mental health system in Australia. The practical implications of the current results are discussed in section 9.4 below.

9.4 Implications for Practice and Directions for Future Applied Research

Alongside the implications this research has for the theory of PTG and refugee trauma described above, there are also several important implications for practice that have been highlighted throughout this thesis. Those of particular note include: *Support and Advice Seeking*; *Religion*; and the need for integrating individual psychotherapeutic responses with social intervention strategies, community development, and advocacy. Implications for practice in these themes are discussed below, incorporating current theories of practice and emerging strategies that may be useful when working with clients from Sudanese, Sierra Leonean, and Liberian Australian backgrounds.

9.4.1 *Support and Advice Seeking*

Whilst *Support* was a coping factor that the majority of the African-Australian sample expressed, participants also expressed a feeling of *Loss of*

Community (see Chapter Eight). As was discussed in Chapter Six, Sudanese-Australian participants were likely to disclose only to close and trusted friends and family, rather than professionals. Professional support did not seem to be congruous with their former way of life. Chapter Seven highlighted that though West African-Australians were perhaps more likely to seek professional support, the emotional support they previously encountered in their home countries was not available in Australia. Therefore, whilst *Support* appeared as a mechanism through which positive adaptation to trauma may occur for African-Australian people, the feasibility of having access to culturally appropriate forms of support may be diminished in their host country.

It is therefore proposed that family reconnection and the establishing of strong community support groups may be a useful tool with which to provide African-Australian Humanitarian Entrants with a feeling of community, and a forum through which they can disclose and gather advice. In addition, it is suggested that community development projects aimed at explaining the cultural differences in forms of support, and at increasing social inclusion, may assist in the promotion of mental health and growth. Social interventions and community development techniques are discussed in more detail in section 9.4.3 below.

Advice Seeking. As has been discussed previously, *Advice Seeking* was one of the most prominent differences between the Caucasian and African Australian samples. Participants in this study felt that Western mental health practitioners do not give advice, but rather focus on self-discovery. The potential for Western mental health professionals to build a feeling of advice

giving into counselling in Australia should therefore be explored in consultation with African communities.

One way in which this may be possible is through the story telling technique that is used by African-Australians. Predetermined stories about a person who experienced similar things and what they did about it could facilitate discussion between counsellor and client. This would be in keeping with African tradition, ensure the client feels they have been provided with some advice, and also stay in keeping with Western traditions of allowing personal reflection, rather than direction by the professional. Story telling techniques utilised in Narrative therapies are discussed in section 9.4.3 below.

9.4.2 Religion

Similarly to Advice Seeking, Religion was elicited as one of the most substantial cultural differences in coping. Western style counselling can often exclude religious forms of therapy (Lo & Dzokoto, 2005), however a combination of religious and psychological interventions can be effective when working with clients from collectivistic cultures (Betancourt, 2008). The combination of spiritual forms of healing with psychological and physical therapies is in keeping with the sense of harmony and connectedness that many collectivistic cultures value, and therefore is important to incorporate into Western psychological interventions when working with clients from African backgrounds (Elligan & Utsey, 1999; Lo & Dzokoto, 2005).

Church involvement can also provide a valuable source for social support and community integration, and therefore should be utilised by

Western mental health professionals (Tse et al., 2005). Prayer and shared Bible readings may also be a useful rumination tool for this sample, and help to open the pathways to successful mental health intervention. The culturally competent mental health professional should be open and accepting of the client's religious beliefs, and may consider using religious ceremony in therapy if appropriate (Fabri, 2001; Gorman, 2001).

9.4.3 An Holistic Perspective

Chapter Eight argued that the trauma adaptation process can be hindered by the ongoing resettlement challenges Humanitarian Entrants often face. Therefore it is proposed that the most important practical implication this thesis can impart is the need for holistic forms of therapeutic intervention. Figure 9 demonstrated how each of five systems (Safety/Security, Attachment, Justice, Role/Identity, and Existential/Meaning) can be impacted upon by both pre-migration trauma and post-migration resettlement challenges. Therefore, mental health practitioners should work within a holistic, systems based model in order to ameliorate feelings of distress as a result of both trauma and acculturative stress (Kagee, 2004; Kagee & Price, 1994). In addition, holistic therapies are consistent with the collectivistic notions of interconnectedness of mind, spirit, and body, and that these connections work on individual and on community levels (C. E. Newman et al., 2007). Therapeutic techniques that may be applicable in the African-Australian context are discussed below.

Testimony. Testimony has been shown to be an effective therapy for former refugees in particular (Agger & Jensen, 1990; Gorman, 2001; Murray

et al., 2008; Weine, Kulenovic, Pavkovic, & Gibbons, 1998). Testimony is based upon notions of justice, and therefore may work within the justice system to give clients a sense of empowerment and control over their experiences. This technique is based on collectivistic notions of trauma, and therefore is consistent with the suggestion that the refugee experience is a form of collective trauma (Weine et al., 1998). The purpose of testimony is to bring one's personal story into an objective, political context, in order to promote collective understandings of history (Agger & Jensen, 1990; Weine et al., 1998). Whilst this may seem to contradict the avoiding nature of the participants of this and other research (e.g., Weine et al., 1998), it is the nature of testimony that differs from other forms of 'telling the trauma story'. Testimony is framed as the giving of evidence that is used to empower the survivor and their community, rather than as the debriefing of the client (Agger & Jensen, 1990). The aim of the giving of testimony is to promote peace and human rights, and the survivor is given the opportunity to share the testimony with those they see fit in order to meet this goal (Weine et al., 1998).

Testimony is constructed using the client's words, and the therapist utilises clinical techniques to elicit the complete and accurate story over a number of sessions (Agger & Jensen, 1990; Weine et al., 1998). Initially, this testimony will be fractured and without emotional nuance, particularly given the avoiding tendencies of these cohorts, however as sessions continue, the testimony becomes more integrated, thus allowing the client to understand and make meaning from the experience (Gorman, 2001). When the client feels the testimony is complete, it is presented to the client as a true and

accurate account of their experience which they can use for any purpose they see fit (as evidence in an asylum case, in support groups, as a mechanism for advocacy etc.). This process reframes the survivor's story of personal anguish into one of political dignity, survival, and human strength (Agger & Jensen, 1990; Gorman, 2001). The nature of the handover of the testimony is highly ritualistic, involving the verification of the story as the client signs the written document, and it is then shared with others (Weine et al., 1998). This aspect of the technique mirrors the ritualistic aspects of many collectivistic cultures.

Testimony may therefore be a culturally appropriate vehicle through which mental health professionals may break down the initial barriers of mistrust that may exist between therapist and client, and assist in the client's integration of their experience into their life narrative.

Cognitive-Behavioural Therapy. The testimony technique is consistent with the reliving aspect of Cognitive-Behavioural therapies (CBT), in which the survivor is encouraged to think about their experiences in the safety of the therapy session (Ehlers & Clark, 1999). However it is important to note that CBT is individually focussed, whereas testimony focuses on the collective traumatisation (Weine et al., 1998). In addition, exposure therapies including that utilised in CBT often have clients relive discrete traumatic memories. As has been discussed previously, former refugees experience protracted periods of hardship; therefore the testimony approach may be more effective in constructing a complete narrative of the experience (Neuner, Schauer, Klaschik, Karunakara, & Elbert, 2004). Other aspects of CBT, such as guided self-discovery and homework contracts (Grazebrook & Garland, 2005) are

not likely to be culturally appropriate due to the collective values of the African-Australian participants.

CBT has been utilised in former refugee populations, however empirical trials have been marred by small sample sizes and lack of control groups, as well as the limitations in the use of standardised measures for CALD clients (Murray et al., 2008). Nevertheless, several trials have demonstrated significant improvements in distress symptoms for former refugees when using CBT (Barrett, Moore, & Sonderegger, 2000; d'Ardenne, Ruaro, Cestari, Fakhoury, & Priebe, 2007; Murray et al., 2008; Paunovic & Ost, 2001). In addition, Kagee, Suh, and Naidoo (2004) found that South African counsellors agreed with the efficacy of this approach in their cultural context. Otto et al. (2003) suggest their modified CBT that provided targeted information about culturally unique aspects of distress in their Khmer Cambodian sample (e.g., neck pain, weak arms, tinnitus, among others) was particularly effective in alleviating distress symptomatology. Therefore, a modification of CBT principles in line with culturally applicable distress elements could be effective if used in conjunction with testimony, social intervention techniques, and community development (see below).

Narrative Exposure Therapy. Narrative Exposure Therapy (NET) has been developed as a combination of CBT and testimony techniques. This technique was developed as it has been found that exposure therapies can sometimes exacerbate PTSD symptoms due to fragmentation of the traumatic memory from the survivor's autobiographic narrative. Therefore, NET involves the creation of a complete autobiography, which includes the survivor's testimony of their traumatic experiences, rather than testimony of

the single event. Neuner et al. (2004) tested this technique on a sample of Sudanese refugees living in a Ugandan refugee camp, and found that NET significantly reduced PTSD symptomatology at a one year follow up and that this improvement was significantly more effective than a supportive counselling therapy that followed Western counselling techniques. The efficacy of NET has similarly been demonstrated in other research using non-Western populations (Bichescu, Neuner, Schauer, & Elbert, 2007; Catani et al., 2009; Neuner et al., 2004). This technique may therefore be a fruitful avenue for future research in African-Australian populations.

Narrative Practices. Although NET has links with the CBT and testimony techniques, it is also consistent with Narrative practices. Narrative practices refer to interventions and projects that aim to understand the stories in peoples' lives, and the ways in which these stories can be re-authored to alleviate distress (Dulwich Centre, 2009). Narrative practices have a social constructionist paradigm at their core, and therefore it is possible that this technique could be applied across cultures (Payne, 2006; Sliep, Weingarten, & Gilbert, 2004). In this technique, individuals are the experts of their stories, and the therapist assists them to externalise problems. It is assumed that every individual has skills, beliefs, values, and resources that help them to cope with their experiences (Benson, 2006; Sliep et al., 2004). In the telling of their story the individual is encouraged to focus on their strengths and to locate the problems as external difficulties.

Narrative practices are therefore consistent with the notion of story-telling that was elicited from the *Advice Seeking* dimensions of the Sudanese and West African Australian samples. Mental health professionals could work

within a Narrative therapy framework in order to elicit stories of strength and survival. These stories could then be used within community development approaches to provide the 'advice' sought by these African-Australian participants. Furthermore, Narrative practices do not necessarily refer to written narratives (as in the testimony and NET techniques), but can refer to a range of different ways of telling stories, and can therefore be applied in cultures with oral traditions, and may be applied to creative contexts, such as Narrative Theatre (Dulwich Centre, 2009; Sliep et al., 2004).

Narrative practices have been particularly useful in Indigenous Australian communities, as the focus is on what the individual or community feels their strengths are, such as spirituality, rather than on the dominant Western culture of individualisation (Benson, 2006; Raphael, Delaney, & Bonner, 2007). Therefore, Narrative practices may lend themselves particularly to the integration of religious and spiritual practices within therapeutic sessions (Blanton, 2007). Further research could investigate the possibility of integrating spiritual approaches into Narrative practices as a viable framework for culturally appropriate intervention on an individual level. In addition, Narrative practices are typically used in family settings, and much recent Narrative practice has been conducted in community settings (Dulwich Centre, 2009). The section below discusses the benefits of social intervention strategies in former refugee populations. The efficacy of Narrative practices has not been tested empirically in former refugee populations; this would be an interesting avenue for future research.

Social Interventions. The above therapeutic techniques have an emphasis on the individual's response to trauma, and are often individually

delivered. This is consistent with the individualistic setting in which they have been developed, and with some modification as discussed above, may prove to be culturally appropriate for African-Australians. However, as has been discussed previously, people from collectivistic cultures may favour a relational style of intervention above an individualistic one (Moore & Constantine, 2005). That is, rather than expressing individual thoughts and emotions with an objective, professional other, African-Australian Humanitarian Entrants may favour seeking help from friends and family. This was supported by the *Support* and *Advice Seeking* dimensions of the African-Australian samples. Therefore social interventions are likely to be appropriate for African-Australian clients.

Support groups have been utilised extensively in Western practice, and this approach may be modified for use in the African-Australian population. Social support groups and family therapies have been shown to be beneficial in collectivistic and refugee samples in a number of studies (Constantine et al., 2005; Elligan & Utsey, 1999; Garland, Hume, & Majid, 2002; Kinzie et al., 1988; Patel et al., 2007; Weine et al., 2003). The preference for social interventions over traditional Western individual therapy has also been demonstrated. For example, in the evaluation of their CBT based intervention program, Barrett et al. (2000) found that participants were likely to prefer large group discussion rather than individual work. This further suggests that Western individualised therapies could be effective if modified to include social intervention components. Patel et al. proposed that the efficacy of group interventions may be due to their consistency with traditional social coping mechanisms inherent in collectivistic cultures.

Stepakoff et al. (2006) conducted a successful social intervention program in a refugee camp in Guinea, in which group psychotherapy was utilised in conjunction with individual counselling being offered. Social activities were facilitated in order to establish safety and trust, and show that the therapist was open to culturally appropriate ways of managing distress. These social activities were open to all people within the camp whether they identified themselves as traumatised or not, thereby establishing community networks throughout the local setting. During the program, clients were encouraged to use local therapeutic methods, such as drumming, chanting, and telling stories. This latter concept is consistent with the potential for a story-telling approach to intervention for African-Australians suggested in section 9.4.1 above. Through the fostering of social relationships and the sharing of stories amongst a safe group, the program was successful in significantly reducing trauma symptoms and increasing the perceived level and quality of social support for these clients. Future research could assess the efficacy of programs such as this in the Australian context.

Community Development. In addition to the need for individualised therapies and social intervention strategies, there appeared to be a strong sense of the need for community development in the current research. For example, workshops that explain cultural differences and assist former refugees in their search for employment, or educational opportunities, may all assist in the alleviation of distress resulting from ongoing resettlement challenges. The alleviation of this distress may assist mental health professionals in targeting traumatic memory in a culturally appropriate manner.

Community development approaches may be successful in enhancing the capacity of African-Australian Humanitarian Entrants through increasing empowerment within communities. These approaches can strengthen community networks, which may be equally successful in promoting social support within these networks, particularly if used in conjunction with social intervention strategies, such as those described above. For example, Kensinger et al. (2007) discuss a program developed and conducted by former refugees from Sudan in which social activities such as a soccer team, and camping trips were arranged, increasing perceptions of empowerment and engagement with the community. Similarly, the successful Oregon Indochinese Psychiatric Program for Refugees incorporates psychotherapeutic sessions with group sessions focusing on transportation, housing, and language acquisition (Kinzie et al., 1988; Yeh et al., 2006). Yeh et al. propose that these approaches provide a sense of community and shared experience that therefore leads to better psychotherapeutic outcomes.

The effectiveness of these programs on mental health outcomes for refugees is rarely evaluated. Goodkind (2005) evaluated mental health outcomes for participants in a community based advocacy and learning intervention group for Hmong refugees. The learning groups were based on mutual cultural understanding, and were made up of Hmong and local undergraduate participants. The sessions were driven by the needs of the participants, thus emphasising the cultural appropriateness and perceived usefulness of the group. Goodkind demonstrated that in addition to significant increases in English proficiency, citizenship knowledge, and satisfaction with resources, Hmong participants also experienced significant increases in

quality of life and significant decreases in distress. Whilst the benefits of this approach decreased marginally upon follow-up three months post-intervention, Hmong participants demonstrated significantly greater psychological well-being than pre-intervention. This demonstrates the efficacy of community development based approaches in ameliorating perceived distress in former refugee samples, and should be investigated further in an African-Australian context.

Advocacy. Western psychology often focuses purely on the individual's adaptation, rather than on social change. This is in keeping with the individualistic norms of Western culture, however largely ignores the impact social and political systems have on distress in the individual (Kagee & Price, 1994). It may be argued that Western mental health professionals have a responsibility to act as advocates for their former refugee clients. In Stepakoff et al.'s (2006) therapeutic approach, therapists acted as advocates for their clients within the refugee camp in which their program was based. This allowed them to establish trust with clients, and to show they were on the client's side. Whilst this approach would be unusual in a Western therapeutic setting, the parallels for building trust and showing empathy in the resettlement context may suggest that flexibility on the part of the mental health professional to include advocacy in their treatment plan could improve outcomes for African-Australian clients.

Summary. In summary, the testimony approach in conjunction with CBT principles, Narrative practices, social intervention techniques, and community development and advocacy approaches are all promising techniques for culturally appropriate mental health support for African-

Australian clients if utilised in an holistic manner. Future research could investigate these and other therapeutic techniques that impact upon each of the five systems in order to construct a culturally appropriate, holistic strategy for mental health intervention in African-Australian Humanitarian Entrants.

9.5 The Legacy

9.5.1 Strengths and Limitations

This thesis has provided a discussion of a comprehensive programmatic suite of research investigating the impact of proximate and distal culture on the experience of life crises. This was achieved through the investigation of the adaptation journeys of three samples of trauma survivors with differing proximate and distal cultures: Caucasian, Sudanese and West African Australians. These studies contribute to the growing literature on trauma in former refugee populations and further justify the need to recognise the impact of culture on the individual's construction of trauma and mental health. Being situated in a salutogenic paradigm, the models developed acknowledge both the positive and negative responses one can have to a potentially traumatic event. Despite the distress experienced by former refugees, the story told has highlighted the strength and resilience of Sudanese, Sierra Leonean, and Liberian Australians, and the contribution they make to Australia. Rather than continue to perceive former refugees as damaged or dysfunctional, this thesis contributes to the recognition of the determination and hope Humanitarian entrants to Australia are blessed with.

By utilising qualitative methodology, the unique experiences of Caucasian, Sudanese, and West African Australians were expressed in a rich

and detailed manner, enabling the increased understanding of the construction of trauma and PTG in these samples. In a field that traditionally quantifies and cuts experience down to the generalisable, this thesis has instead told the unique stories of these survivors of violence and atrocity. The usual limitations associated with qualitative methodologies are associated with these investigations, in that the interpretations of the data and the models constructed are subjective to the researcher. This has been acknowledged throughout the thesis, and as was discussed in Chapter Four, is an inherent aspect of GT and Cultural Constructionist research. The data has spoken to the creation of models that are rich, robust, and comprehensive, and contribute to our understanding of the experience of trauma for former refugees of Sudanese, Sierra Leonean, and Liberian Backgrounds.

Other limitations of the current investigations include the utilisation of the cross-sectional design. Therefore, retrospective recall of coping and distress, and the perception of growth as a result of distress, may be subject to memory biases. As has been suggested throughout this chapter, a longitudinal design would be beneficial to investigate these coping resources further. A longitudinal design was not considered practical for the current investigations, as the aim was not to investigate the process and trajectory of adaptation for former refugees, but rather to understand and form a robust model of the construction of trauma adaptation. Participants in Studies Two and Three were at different stages of their resettlement, and were nevertheless still in the process of acculturation and resettlement. Themes of trauma adaptation were consistent across the samples regardless of the length of time participants had lived in Tasmania. These results can therefore be treated with confidence as

reflective of the experience of the trauma adaptation journey. It must also be acknowledged that effective longitudinal research in the field of refugee trauma may be impossible due to the protracted nature of potentially traumatic events pre-migration.

Similarly, the comparison of the Caucasian-Australian model of trauma adaptation to those elicited in Studies One and Two could be challenged due to the protracted nature of trauma for former refugees. A comparable sample was attempted inasmuch as Caucasian-Australians' traumatic experiences were similar to pre-migration experiences of Sudanese and West African Australians, however Caucasian-Australians undoubtedly had not experienced civil war, nor the crises associated with the refugee journey. Whilst this may be seen as a limitation to the comparisons made in the current research, it also further demonstrates the inappropriateness of applying Western constructs of trauma to former refugee populations, and is further justification of the need to understand trauma and potentially effective forms of intervention for Humanitarian entrants to Australia.

9.5.2 Conclusion

In conclusion, this programmatic suite of research has contributed to the growing literature on refugee trauma. In particular, it has explored the strengths and resilience of the Sudanese, Sierra Leonean, and Liberian people. The thesis has described the distress and the coping experienced throughout the three phases of the refugee journey, and has particularly contributed to the increased understanding of the impact of post-migration stressors on the trauma adaptation process. In addition, this thesis has shown that culture in

both proximate and distal systems plays a significant role in the experience of trauma, and that we cannot ignore culture when designing intervention strategies for former refugees in Australia.

This research has provided both researchers and mental health professionals with a comprehensive picture of the impact of proximate and distal culture on the experience of life crises, from the perspectives of Caucasian, Sudanese, and West African Australians. It has discussed how mainstream mental health services could provide culturally competent mental health support to African-Australians. In particular, it was noted that mainstream mental health services in individualistic nations could i) include collectivistic notions of social support and advice seeking, religiosity and spirituality into psychotherapeutic interventions for migrants from collectivistic cultures; and ii) due to former refugees' experiences of ongoing crises, provide support within a holistic, systems approach, providing community development, assistance with practical needs, and advocacy.

This thesis began with a quotation attributed to the Ewe-Mina language group of West Africa:

*“Until the lion has his own storyteller, the hunter
will always have the best part of the story”*

The lion has had his story told.

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Appendix A

Published Manuscripts from Thesis Data

These papers have been removed for copyright of propriety reasons.

Paper 1

Copping, A., Shakespeare-Finch, J., & Paton, D (2008). Modelling the experience of trauma in a White-Australian sample. *43rd Australian Psychological Society Annual Conference Proceedings*, 130-134.

Paper 2

Copping, A., Shakespeare-Finch, J., & Paton, D. (in press). Towards a culturally competent mental health system: Sudanese-Australian's experiences with trauma. *Journal of Pacific Rim Psychology Special Issue: Psychological Impacts of Involuntary Migration*.